#### TENET HEALTHCARE CORP

Form 4 May 13, 2014

## FORM 4

subject to

### **OMB APPROVAL OMB**

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 Check this box if no longer

3235-0287 Number: January 31,

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES** 

Expires: 2005 Estimated average

0.5

Section 16. Form 4 or

burden hours per response...

Form 5 obligations may continue.

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section

30(h) of the Investment Company Act of 1940 See Instruction

1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person \*

Rittenmeyer Ronald A

2. Issuer Name and Ticker or Trading

Symbol

TENET HEALTHCARE CORP

5. Relationship of Reporting Person(s) to

(Check all applicable)

6. Individual or Joint/Group Filing(Check

Issuer

[THC]

(Month/Day/Year)

(Last) (First) (Middle) 3. Date of Earliest Transaction

X\_ Director Officer (give title below)

10% Owner Other (specify

1445 ROSS AVENUE, SUITE 1400 05/09/2014

(Street)

4. If Amendment, Date Original

Applicable Line)

Filed(Month/Day/Year) \_X\_ Form filed by One Reporting Person Form filed by More than One Reporting

Person

**DALLAS, TX 75202** 

(City) (State) (Zip)

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1.Title of Security (Instr. 3)

2. Transaction Date 2A. Deemed (Month/Day/Year)

Execution Date, if

(Month/Day/Year)

3. 4. Securities TransactionAcquired (A) or Code Disposed of (D) (Instr. 8) (Instr. 3, 4 and 5)

5. Amount of Securities Beneficially Owned Following

6. Ownership 7. Nature of Form: Direct Indirect (D) or Indirect Beneficial Ownership (I) (Instr. 4) (Instr. 4)

Reported (A) Transaction(s) or (Instr. 3 and 4)

Code V Amount (D) Price

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02)required to respond unless the form displays a currently valid OMB control number.

#### Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

7. Title and Amount of 8. Pric 1. Title of 3. Transaction Date 3A. Deemed 5. Number 6. Date Exercisable and (Month/Day/Year) Transaction of Derivative Expiration Date **Underlying Securities** Derivative Conversion Execution Date, if Deriva (Month/Day/Year) (Instr. 3 and 4) Security or Exercise Code Securities Securi any

### Edgar Filing: TENET HEALTHCARE CORP - Form 4

(Instr. 3)	Price of Derivative Security	(Month/Day/Y	Year) (Instr.	str. 8) Acquired (A) or Disposed (D) (Instr. 3, and 5)		sed of 3, 4,					(Instr.
			Code	V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
2014 May Director Stock Units (1)	(2)	05/09/2014	A		3,833		(3)	(3)	Common Stock	3,833	\$ (

# **Reporting Owners**

Reporting Owner Name / Address	Relationships							
• 9	Director	10% Owner	Officer	Other				
Rittenmeyer Ronald A 1445 ROSS AVENUE, SUITE 1400 DALLAS, TX 75202	X							

## **Signatures**

Jeffrey S. McFall, Attorney-in-Fact for Ronald A. Rittenmeyer

05/13/2014

\*\*Signature of Reporting Person

Date

## **Explanation of Responses:**

- \* If the form is filed by more than one reporting person, see Instruction 4(b)(v).
- \*\* Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).
- (1) These Stock Units were awarded under the Company's Stock Incentive Plan.
- (2) Each Stock Unit is the economic equivalent of one share of the Company's common stock.

These Stock Units vested immediately on the grant date. The Stock Units will be settled on the third anniversary of the date of grant or upon termination of service (unless settlement has been deferred). The Stock Units may be settled in cash, stock or a combination of cash and stock.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.

Reporting Owners 2