HCA Holdin	igs, Inc.											
Form 4												
February 10												
<b>FORM 4</b> UNITED STATES SECURITIES AND EXCHANGE COMMISSION										PPROVAL		
Washington, D.C. 20549								OMB Number:	3235-0287			
Check th			v v ee.	, migron,	D.C. 20	547				January 31,		
if no longer subject to STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF								NERSHIP OF	Expires:	2005		
	Subject to Statistical of Charteles in Beneficial Own Section 16. SECURITIES								Estimated a burden hou			
Form 4 c									response	0.5		
Form 5 obligatio	<b>n</b> o <b>*</b>						•	e Act of 1934,				
may cont	tinue. Section 17(			•	•	· ·		1935 or Section	n			
See Instr	uction	50(n)	) of the m	vestment	Compan	iy Ac	1 01 194	0				
1(b).												
(Print or Type I	Responses)											
1 Name and A	ddress of Reporting	Person *	2 1	. N	T: -1	T J:		5. Relationship of	Reporting Pers	son(s) to		
1. Name and Address of Reporting Person *2. IssuRUTHERFORD BILL BSymbol				er Name <b>and</b> Ticker or Trading				Issuer				
			-	Holdings, Inc. [HCA]								
(Last)	(First) (I	Middle)	3. Date of	f Earliest Tr	ansaction	-		(Chec	k all applicable	;)		
				nth/Day/Year)				Director 10% Owner				
ONE PARK PLAZA 02/06/2				)6/2015				XOfficer (give title Other (specify below) below)				
								· · · · · · · · · · · · · · · · · · ·	FO and EVP			
(Street) 4. If Am				nendment, Date Original				6. Individual or Joint/Group Filing(Check				
Filed(Mont				th/Day/Year)				Applicable Line)				
NASHVILLE, TN 37203       _X_ Form filed by One Reporting Person         Form filed by More than One Reporting         Porter filed by More than One Reporting												
NASHVILI	LE, IIN 37203							Person				
(City)	(State)	(Zip)	Tabl	le I - Non-D	erivative	Secur	ities Acq	uired, Disposed of	f, or Beneficial	ly Owned		
1.Title of	2. Transaction Date			3.	4. Securi			5. Amount of	6. Ownership			
Security (Instr. 3)	(Month/Day/Year)	Execution any	on Date, if	Transaction(A) or Disposed of (D) Code (Instr. 3, 4 and 5)				Securities Beneficially	Form: Direct Indirect (D) or Benefici	Indirect Beneficial		
(1150.5)			Day/Year)	(Instr. 8)			5)	Owned	Indirect (I)			
							Following Reported	(Instr. 4)	(Instr. 4)			
						(A)		Transaction(s)				
				Code V	Amount	or (D)	Price	(Instr. 3 and 4)				
Common	02/06/2015			F			\$	28 720	D			
Stock	02/06/2015			Г	229	D	67.98	28,729	D			
Common	02/09/2015			Б	051	D	\$	29.479	D			
Stock	02/08/2015			F	251	D	67.98	28,478	D			

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

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

## Edgar Filing: HCA Holdings, Inc. - Form 4

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transacti Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Unde Secur	int of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owne Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

## **Reporting Owners**

<b>Reporting Owner Name / Address</b>	Relationships							
Reporting o wher runte / runtess	Director	10% Owner	Officer	Other				
RUTHERFORD BILL B								
ONE PARK PLAZA			CFO and EVP					
NASHVILLE, TN 37203								
Signatures								
/s/ Kevin A. Ball, Attorney-in-Fact		02/10/2015						
**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).

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.