| HCA Holdi | ngs, Inc. | | | | | | | | | | |
|--|----------------------|---|--|-------------|-------------------------|-----------|--|---|--------------------|------------------------|--|
| Form 4 | | | | | | | | | | | |
| February 23 | 3, 2015 | | | | | | | | | | |
| FORM | Л 4 | | | | | | | | OMB AF | PROVAL | |
| | UNITED | Washington, D.C. 20549 | | | | | | | | 3235-0287 | |
| Check t if no los | nger | | | | | | | | | January 31, 2005 | |
| subject | | MENT OF | Estimated average burden hours per | | | | | | | | |
| Section | | SECURITIES | | | | | | | | | |
| Form 4 or Form 5 Filed pursuant to Se | | | | f(a) = f(b) | ha Saawa | tion 1 | Frahanaa | A at of 1024 | response | 0.5 | |
| abligations | | | | | | | | | | | |
| See Instruction Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940 | | | | | | | | | | | |
| 1(b). | ruction | | | | · · · · · · | | | - | | | |
| | | | | | | | | | | | |
| (Print or Type | Responses) | | | | | | | | | | |
| 1. Name and | Address of Reporting | 2. Issuer Name and Ticker or Trading | | | | ling | 5. Relationship of Reporting Person(s) to Issuer | | | | |
| Cuffe Micl | | Symbol | | | | | | | | | |
| | | | HCA Holdings, Inc. [HCA] | | | | | (Check all applicable) | | | |
| (Last) | (First) (| Sirst) (Middle) 3. Date of Earliest Transaction | | | | | (Check an applicable) | | | | |
| | | | (Month/Day/Year) | | | | | Director 10% Owner | | | |
| ONE PARK PLAZA | | | 02/19/2015 | | | | | XOfficer (give titleOther (specify below) below) | | | |
| | | | | | | | | President-Physician Services | | | |
| (Street) | | | 4. If Amendment, Date Original Filed(Month/Day/Year) | | | | | 6. Individual or Joint/Group Filing(Check | | | |
| | | | | | | | | Applicable Line) | | | |
| NASHVILLE, TN 37203 | | | | | | | | _X_ Form filed by One Reporting Person Form filed by More than One Reporting | | | |
| | LE, IN 57205 | | | | | | | Person | | | |
| (City) | (State) | (Zip) | Tabl | le I - Non- | Derivativ | e Secu | rities Acqu | iired, Disposed of, | or Beneficial | ly Owned | |
| 1.Title of | 2. Transaction Date | | | 3. | | | cquired (A) | | 6. | 7. Nature of | |
| Security (Instr. 3) | (Month/Day/Year) | Execution any | Date, if | Code | otor Dispo (Instr. 3 | | | Securities Beneficially | Ownership Form: | Indirect Beneficial | |
| (11501:5) | | (Month/Da | y/Year) | | | | | Owned | | Ownership | |
| | | | | | | | | Following | or Indirect | (Instr. 4) | |
| | | | | | | (A) | | Reported Transaction(s) | (I) (Instr. 4) | | |
| | | | | Code V | Amount | or (D) | Price | (Instr. 3 and 4) | | | |
| Common | 00/10/2015 | | | | | , í | | 0.040.0004 | D | | |
| Stock | 02/19/2015 | | | М | 6,500 | А | \$ 17.33 | 9,342.8294 | D | | |
| ~ | | | | | | | \$ | | | | |
| Common | 02/19/2015 | | | S | 6,500 | D | 69.8137 | 2,842.8294 | D | | |
| Stock | | | | | | | (1) | | | | |
| | | | | | | | | | | | |

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.

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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. Transactio Code (Instr. 8) | 5. Number on f Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amount Underlying Securitie (Instr. 3 and 4) | |
|---|---|---|---|--|---|--|--------------------|---|--------------------------------------|
| | | | | Code V | (A) (D) | Date Exercisable | Expiration Date | Title | Amoun or Numbe of Shares |
| Non-Qualified Stock Option (right to buy) | \$ 17.33 | 02/19/2015 | | М | 6,500 | (2) | 11/02/2021 | Common Stock | 6,50 |

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | | | |
|---|---------------|------------|------------------------------|-------|--|--|--|
| 1 | Director | 10% Owner | Officer | Other | | | |
| Cuffe Michael S. ONE PARK PLAZA NASHVILLE, TN 37203 | | | President-Physician Services | | | | |
| Signatures | | | | | | | |
| /s/ Kevin A. Ball, Attorney-in-Fact | | 02/23/2015 | | | | | |
| **Signature of Reporting Person | | Date | | | | | |
| Evolution of Responses: | | | | | | | |

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).

The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$69.80 to \$69.84, inclusive. The reporting person undertakes to provide to HCA Holdings, Inc., any security holder of HCA Holdings, Inc., or

(1) the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares sold at each separate price within the range set forth in this footnote.

(2) The option vested at the end of fiscal years 2012 and 2013 based upon the achievement of certain annual EBITDA performance targets.

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.