Edgar Filing: TENET HEALTHCARE CORP - Form 4

TENET HE Form 4 August 27,	EALTHCARE CO 2014	RP	-							
								OMB A	PPROVAL	
FOR	UNITED	STATES		RITIES A			E COMMISSIO	N OMB Number:	3235-0287	
Check t if no lo subject Section Form 4 Form 5			SECUI	RITIES		WNERSHIP OF	Estimated burden hou response	urs per		
obligati may co <i>See</i> Inst 1(b).	ons ntinue. Section 17(a) of the P	Public U	Jtility Hol	ding Co		nge Act of 1934, t of 1935 or Secti 1940			
(Print or Type	Responses)									
1. Name and Address of Reporting Person <u>*</u> Reynolds Britt T			2. Issuer Name and Ticker or Trading Symbol TENET HEALTHCARE CORP				5. Relationship of Reporting Person(s) to Issuer			
		[THC]	IIILALI	IICARL	COM	(Check all applicable)				
(Last) (First) (Middle) 1445 ROSS AVENUE,, SUITE 1400			3. Date of Earliest Transaction (Month/Day/Year) 08/25/2014			Director 10% Owner X_ Officer (give title Other (specify below) below) Pres. of Hospital Operations				
(Street)			4. If Amendment, Date Original Filed(Month/Day/Year)			 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person 				
DALLAS,	TX 75202						Form filed by Person	More than One R	eporting	
(City)	(State)	(Zip)	Tab	ole I - Non-l	Derivative	Securities A	Acquired, Disposed	of, or Beneficia	dly Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)		ed Date, if	3. Transactio Code	4. Securit nAcquired Disposed (Instr. 3,	ties (A) or of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect	
Reminder D	port on a congrate line	for each als	ass of see							
Kenniuer: K	port on a separate line		155 OI SEC	unues dene	Perso inforr requi	ons who re nation con red to resp ays a curre	spond to the colle tained in this forn ond unless the fo ntly valid OMB co	n are not rm	SEC 1474 (9-02)	

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

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5. Number	6. Date Exercisable and	7. Title and Amount of	8. Pr
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transactio	onof Derivative	Expiration Date	Underlying Securities	Deriv
Security	or Exercise		any	Code	Securities	(Month/Day/Year)	(Instr. 3 and 4)	Secu

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(Instr. 3)	Price of Derivative Security	(Month/Day/Year)	(Instr.	8)	Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)					(Inst	
				Code	V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
2014 August Restricted Stock Units (1)	(2)	08/25/2014		A		8,348		(2)	(2)	Common Stock	8,348	S

Reporting Owners

Reporting Owner Name / Address	Relationships							
	Director	10% Owner	Officer	Other				
Reynolds Britt T 1445 ROSS AVENUE, SUITE 1400 DALLAS, TX 75202			Pres. of Hospital Operations					
Signatures								
Paul A Castanon								

Attorney-In-Fact 08/27/2014

**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).

On August 25, 2014, the reporting person also received a grant of performance restricted units, the target amount of which is 16,694 units. The performance units will vest on August 25, 2019, subject to the Company's achievement of specified performance goals and the level

(1) The performance units will vest on August 25, 2019, subject to the Company's achievement of spectrue performance goals and the level of achievement thereof. If the performance goals are not achieved, the units will be forfeited. Performance units are settled in shares of the Company's common stock upon vesting.

(2) The restricted units will vest on August 25, 2019. Restricted units are settled in shares of the Company's common stock upon vesting.

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.