TENET HEALTHCARE CORP

Form 4 October 04, 2005

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

SECURITIES

OMB

OMB APPROVAL

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Form 5
obligations
may continue.

See Instruction

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

1(b).

(Print or Type Responses)

1. Name and A KERREY J	Symbol	•			5. Relationship of Reporting Person(s) to Issuer			
	TENET [THC]	TENET HEALTHCARE CORP [THC]			(Check all applicable)			
(Last)	(First) (M	,	3. Date of Earliest Transaction (Month/Day/Year)		X Director Officer (gi	ve titleOth	% Owner her (specify	
13737 NOEL ROAD		09/30/2	09/30/2005			below)		
(Street) 4.			4. If Amendment, Date Original			6. Individual or Joint/Group Filing(Check		
		Filed(Mor	nth/Day/Year)		Applicable Line) X Form filed b	y One Reporting P	erson	
DALLAS, T		Form filed by More than One Reporting Person						
(City)	(State) (Z	Zip) Tabl	e I - Non-De	erivative Securities A	cquired, Disposed	of, or Beneficia	lly Owned	
1.Title of	2. Transaction Date		3.	4. Securities	5. Amount of	6. Ownership	7. Nature of	
Security (Instr. 3)	(Month/Day/Year)	Execution Date, if any	Code	onAcquired (A) or Disposed of (D)	Securities Beneficially	Form: Direct (D) or	Indirect Beneficial	
(111501.5)		(Month/Day/Year)		(Instr. 3, 4 and 5)	Owned	Indirect (I)	Ownership	
			Code V	(A) or Amount (D) Price	Following Reported Transaction(s) (Instr. 3 and 4)	(Instr. 4)	(Instr. 4)	
Common Stock					3,118	D		

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

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SEC 1474

(9-02)

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

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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)	Securities	e Expiration Da	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)	
				Code V	(A) (D	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Stock Units	(1)	09/30/2005		A	2,195	(2)	(2)	Common Stock	2,195	
2002 B Director Option (Right to Buy)	\$ 28.75					10/31/2002	10/31/2012	Common Stock	18,000	
2003 D Director Option (Right to Buy)	\$ 13.78					10/30/2003	10/30/2013	Common Stock	18,867	
2004 October Director Stock Units (3)	\$ 0					<u>(4)</u>	<u>(4)</u>	Common Stock	12,195	
2005 May Director Stock Units (3)	\$ 0					<u>(4)</u>	<u>(4)</u>	Common Stock	10,833	

Reporting Owners

Reporting Owner Name / Address	Relationships					
Transfer and the same and	Director	10% Owner	Officer	Other		
KERREY J ROBERT 13737 NOEL ROAD DALLAS, TX 75240	X					
Signatures						

Signatures

/s/ Kerrey, J. 10/04/2005 Robert

Date

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**Signature of Reporting Person

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 accrued under the Company's Deferred Compensation Plan.
- (2) These Stock Units are settled in shares of the Company's common stock upon termination of service.
- (3) These Stock Units were awarded under the Company's Stock Incentive Plan.
- (4) These Stock Units vest ratably on each of the first, second and third anniversaries of the date of grant or become fully vested upon termination of service, whichever occurs first, and are settled in shares of the Company's common stock only upon termination of service.

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.

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