TENET HEALTHCARE CORP

Form 4 March 07, 2005

FORM 4

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

SECURITIES

OMB APPROVAL

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Check this box if no longer subject to Section 16. Form 4 or Form 5

obligations

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

1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person * FARBER STEPHEN D			2. Issuer Name and Ticker or Trading Symbol TENET HEALTHCARE CORP [THC]					5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
(Mon				f Earliest Ti Day/Year) 005	ransaction			Director 10% Owner Sofficer (give title Other (specify below)			
DALLAS,	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 Form filed by More than One Reporting Person					
(City)	(State) (Zip) Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned									ly Owned	
1.Title of Security (Instr. 3)	2. Transaction D (Month/Day/Yea	ar) Execution	med on Date, if Day/Year)	3. Transaction Code (Instr. 8)	4. Securit or(A) or Dis (Instr. 3, 4)	sposed	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 Beneficial Ownership (Instr. 4)	
Common Stock	03/03/2005			M	10,000	A	\$ 0	30,000	D		
Common Stock	03/03/2005			F	3,683	D	\$ 11.18	26,317	D		

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

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$\label{thm:convergence} \begin{tabular}{ll} Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned \\ (\emph{e.g.}, puts, calls, warrants, options, convertible securities) \\ \end{tabular}$

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)	Code	TransactionDerivative		6. Date Exer Expiration D (Month/Day)	ate	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
2004 March Restricted Units	<u>(1)</u>	03/03/2005		M		10,000	<u>(1)</u>	<u>(1)</u>	Common Stock	10,000
1999 B Option (Right to Buy)	\$ 12.5						(2)	03/24/2009	Common Stock	75,000
2000 B Option (Right to Buy)	\$ 27.21						(2)	12/05/2010	Common Stock	112,500
2000 D Option (Right to Buy)	\$ 13.08						<u>(2)</u>	02/18/2010	Common Stock	25,000
2001 D Option (Right to Buy)	\$ 40.41						<u>(2)</u>	12/04/2011	Common Stock	123,750
2002 B Option (Right to Buy)	\$ 17.56						(2)	12/10/2012	Common Stock	275,000
2004 March Option (Right to Buy)	\$ 12.01						(2)	03/03/2014	Common Stock	150,000
Stock Units	\$ 0 (3)						<u>(4)</u>	<u>(4)</u>	Common Stock	5,508

Reporting Owners

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

FARBER STEPHEN D 13737 NOEL ROAD

DALLAS, TX 75240

Chief Financial Officer

Signatures

/s/ Farber, Stephen D 03/07/2005

**Signature of Reporting Person

Explanation of Responses:

* If the form is filed by more than one reporting person, see Instruction 4(b)(v).

Date

- ** 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 restricted units vest ratably on each of the first, second and third anniversaries of the date of grant. Restricted Units are settled in shares of the Company's common stock upon vesting.
- (2) These derivative securities (stock options) vest ratably on each of the first, second and third anniversaries of the date of grant.
- (3) These Stock Units were accrued under the Company's Deferred Compensation Plan.
- (4) These Stock Units are settled in shares of the Company's common stock 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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