Edgar Filing: DAVITA HEALTHCARE PARTNERS INC. - Form 4

| DAVITA HE Form 4 June 02, 2010 | EALTHCARE PA | ARTNER | S INC. | | | | | | | | | | |
|--|-------------------------------|--|------------------|---|------|---------------|--|--|--|-----------------|---|--|--|
| FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION | | | | | | | | | | OMB | APPROVAL | | |
| | UNITED | STATES | N OMB Number: | 3235-0287 | | | | | | | | | |
| Check thi if no long subject to Section 1 Form 4 or Form 5 obligation may cont | 6. Filed pur Section 17 | Washington, D.C. 20549 STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES 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 | | | | | | | | | Expires: January 31, 2005 Estimated average burden hours per response 0.5 | | |
| See Instru 1(b). | | 30(h) | of the In | vestm | ent | Compan | y Ac | t of 19 | 940 | | | | |
| (Print or Type F | Responses) | | | | | | | | | | | | |
| NEHRA JOHN M Symbol DAVITA | | | | r Name and Ticker or Trading A HEALTHCARE | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | |
| | | | | - | | | | | X_Director10% Owner Officer (give titleOther (specify below) below) | | | | |
| | | | | ndment, Date Original th/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 | | | | |
| (City) | (State) | (Zip) | | | | | | | Person | | | | |
| (City) | (State) | (Zip) | Tabl | e I - No | on-D | erivative | Secur | ities Ac | quired, Disposed | of, or Benefici | ally Owned | | |
| 1.Title of Security2. Transaction Date (Month/Day/Year)2A. Deemed Execution Date, if any (Month/Day/Year) | | 3. 4. Securities TransactionAcquired (A) or Code Disposed of (D) (Instr. 8) (Instr. 3, 4 and 5) (A) or | | | |)) | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | | |
| Common | 05/27/2016 | | | Code G | | Amount 325 | (D) | Price | (Instr. 3 and 4) 72,378 | I | By John Nehra Revocable | | |
| Stock | | | | 0 | · | | | ÷v | | | Trust UAD 9/23/2009. | | |
| Stock | | | | | | | | | 0 | D | | | |

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

SEC 1474 Persons who respond to the collection of information contained in this form are not (9-02)required to respond unless the form displays a currently valid OMB control number.

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. | 6. Date Exer | cisable and | 7. Titl | e and | 8. Price of | 9. Nu |
|-------------|---|---------------------|--------------------|------------|------------|--------------|-------------|---------|----------|-------------|----------|
| Derivative | Conversion | (Month/Day/Year) | Execution Date, if | Transacti | onNumber | Expiration D | Date | Amou | int of | Derivative | Deriv |
| Security | or Exercise | | any | Code | of | (Month/Day | /Year) | Under | lying | Security | Secu |
| (Instr. 3) | Price of | | (Month/Day/Year) | (Instr. 8) | Derivativ | e | | Securi | ities | (Instr. 5) | Bene |
| | Derivative | | - | | Securities | | | (Instr. | 3 and 4) | | Owne |
| | Security | | | | Acquired | | | Ì | | | Follo |
| | , in the second s | | | | (A) or | | | | | | Repo |
| | | | | | Disposed | | | | | | Trans |
| | | | | | of (D) | | | | | | (Instr |
| | | | | | (Instr. 3, | | | | | | X |
| | | | | | 4, and 5) | | | | | | |
| | | | | | ., | | | | | | |
| | | | | | | | | | Amount | | |
| | | | | | | Date | Expiration | | or | | |
| | | | | | | Exercisable | Date | Title | Number | | |
| | | | | | | Exclusable | Date | | of | | |
| | | | | Code V | (A) (D) | | | | Shares | | |
| | | | | | | | | | | | |

Reporting Owners

| Reporting Owner Name / Address | | Relationships | | | | | |
|--|---------------------------------------|---------------|-----------|---------|-------|--|--|
| | | Director | 10% Owner | Officer | Other | | |
| NEHRA JOHN M C/O DAVITA HEALTHCARE PA 2000 16TH STREET DENVER, CO 80202 | TA HEALTHCARE PARTNERS INC. STREET | | | | | | |
| Signatures | | | | | | | |
| /s/ Arturo Sida, Attorney-in-Fact | 06/02/2016 | | | | | | |
| **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.