

Chari Ravi S.  
Form 4  
February 02, 2018

**FORM 4**

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

OMB APPROVAL

OMB Number: 3235-0287  
Expires: January 31, 2015  
Estimated average burden hours per response... 0.5

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

**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 30(h) of the Investment Company Act of 1940

(Print or Type Responses)

1. Name and Address of Reporting Person \*  
Chari Ravi S.

(Last) (First) (Middle)  
ONE PARK PLAZA  
(Street)

NASHVILLE, TN 37203

(City) (State) (Zip)

2. Issuer Name and Ticker or Trading Symbol  
HCA Healthcare, Inc. [HCA]

3. Date of Earliest Transaction (Month/Day/Year)  
01/31/2018

4. If Amendment, Date Original Filed (Month/Day/Year)

5. Relationship of Reporting Person(s) to Issuer

(Check all applicable)

\_\_\_ Director \_\_\_ 10% Owner  
 Officer (give title below) \_\_\_ Other (specify below)  
SVP-Clinical Excellence

6. Individual or Joint/Group Filing (Check Applicable Line)  
 Form filed by One Reporting Person  
\_\_\_ Form filed by More than One Reporting Person

**Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned**

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)	4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)	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)
			Code	V	Amount	(A) or (D)	Price
Common Stock	01/31/2018		M		3,825	A	\$ 37.18
Common Stock	01/31/2018		M		3,150	A	\$ 47.97
Common Stock	01/31/2018		M		2,750	A	\$ 68.96
Common Stock	01/31/2018		M		5,125	A	\$ 69.58
Common Stock	01/31/2018		F		9,937	D	\$ 101.16

Edgar Filing: Chari Ravi S. - Form 4

Common Stock	02/01/2018	S	568.0531	D	\$ 103.08	5,702	D	
Common Stock	02/01/2018	S	10,000	D	\$ 101.5	0	I	By GRAT (Spouse, Trustee)
Common Stock	02/02/2018	S	5,702	D	\$ 102.009 <u>(2)</u>	0	D	

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.**

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 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. Transaction Code (Instr. 8)	5. Number of 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 Underlying (Instr. 3 and 4)	
				Code	V (A) (D)	Date Exercisable	Expiration Date	Title
Stock Appreciation Right	\$ 37.18	01/31/2018		M		(3)	02/06/2023	Common Stock
Stock Appreciation Right	\$ 37.18	01/31/2018		M		(4)	02/06/2023	Common Stock
Stock Appreciation Right	\$ 47.97	01/31/2018		M		(5)	02/05/2024	Common Stock
Stock Appreciation Right	\$ 47.97	01/31/2018		M		(6)	02/05/2024	Common Stock
Stock Appreciation Right	\$ 68.96	01/31/2018		M		(7)	02/04/2025	Common Stock
Stock Appreciation Right	\$ 69.58	01/31/2018		M		(8)	01/29/2026	Common Stock

Stock Appreciation Right	\$ 101.16	01/31/2018	A	18,300	01/31/2019 <sup>(9)</sup>	01/31/2028	Common Stock
--------------------------------	-----------	------------	---	--------	---------------------------	------------	-----------------

## Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
Chari Ravi S. ONE PARK PLAZA NASHVILLE, TN 37203			SVP-Clinical Excellence	

## Signatures

/s/ Kevin A. Ball, Attorney-in-Fact	02/02/2018
<u>    </u> 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).
- (1) Includes 568.0531 shares acquired under the HCA Holdings, Inc. Employee Stock Purchase Plan.  
The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$102.00 to \$102.041, inclusive. The reporting person undertakes to provide to HCA Healthcare, Inc., any security holder of HCA Healthcare, Inc., or 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) Healthcare, Inc., or 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.
- (3) The stock appreciation rights vested in four equal annual installments beginning on February 6, 2014.
- (4) The stock appreciation rights vested at the end of fiscal years 2013, 2014, 2015 and 2016 based upon the achievement of certain annual EBITDA performance targets.
- (5) The stock appreciation rights vested at the end of fiscal year 2016 based upon the achievement of certain annual EBITDA performance targets.
- (6) The stock appreciation rights vest in four equal annual installments beginning on February 5, 2015.
- (7) The stock appreciation rights vest in four equal annual installments beginning on February 4, 2016.
- (8) The stock appreciation rights vest in four equal annual installments beginning on January 29, 2017.
- (9) The stock appreciation rights vest in four equal annual installments beginning on January 31, 2019.

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.