Edgar Filing: DAVITA HEALTHCARE PARTNERS INC. - Form 4

DAVITA H Form 4 August 11,	EALTHCARE P	ARTNER	S INC.								
									OMB APPROVAL		
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549								MMISSION	OMB Number:	3235-0287	
Check ti if no lor subject Section Form 4	nger to STATEN 16. or	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES									
Form 5 obligations may continue. See Instruction 1(b). 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)										
STAFFIERI MICHAEL DAVID Syn								5. Relationship of Reporting Person(s) to Issuer			
			PARTNERS INC. [DVA]					(Check all applicable)			
(Director 10% Owner _X Officer (give title Other (specify below) COO, Kidney Care			
				onth/Day/Year) A				5. Individual or Joint/Group Filing(Check Applicable Line) X_ Form filed by One Reporting Person			
DENVER, CO 80202				_				Form filed by More than One Reporting Person			
(City)	(State)	(Zip)	Tab	ole I - Non	-Derivative	Secu	rities Acqui	red, Disposed of,	or Beneficiall	y Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	ransaction Date 2A. Deemed nth/Day/Year) Execution Date, if any (Month/Day/Year)			4. Securit onor Dispos (Instr. 3,	(A)		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)	
				Code V	Amount	or (D)	Price	(Instr. 3 and 4)			
Common Stock	08/09/2016			M <u>(1)</u>	40,000	А	\$ 37.185	52,279	D		
Common Stock	08/09/2016			F <u>(1)</u>	19,738	D	\$ 75.36	32,541	D		
Common Stock	08/09/2016			S <u>(1)</u>	20,262	D	\$ 73.0872 (2)	12,279	D		

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

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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. Transactie Code (Instr. 8)	5. Number of orDerivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amo Underlying Secu (Instr. 3 and 4)	
				Code V	,	Date Exercisable	Expiration Date	Title	Ar or Nu of
Stock Appreciation Rights	\$ 37.185	08/09/2016		М	40,000	08/09/2014 <u>(3)</u>	08/09/2016	Common Stock	4

Reporting Owners

Reporting Owner Name / Address	Relationships					
	Director	10% Owner	Officer	Other		
STAFFIERI MICHAEL DAVID C/O DAVITA HEALTHCARE PARTNERS INC. 2000 16TH STREET DENVER, CO 80202			COO, Kidney Care			
_						

Signatures

/s/ Arturo Sida, Attorney-in-Fact 08/11/2016

**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).
- (1) The exercise and sale reported on this Form 4 were made pursuant to a Rule 10b5-1 trading plan adopted by the reporting person on May 23, 2016.

Represents the weighted average sale price of \$73.0872. The range of prices for the sale of these shares was \$72.43 - \$73.93, rounded to
(2) the nearest hundredth. The reporting person undertakes to provide upon request by the Commission staff, the Issuer, or a security holder of the Issuer, full information regarding the number of shares sold at each separate price.

(3) The Stock Appreciation Rights were granted on 8/9/2011. 50% vested on 8/9/2014, then 8.33% vested every three months thereafter.

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.

Reporting Owners