#### Edgar Filing: TENET HEALTHCARE CORP - Form 5

#### TENET HEALTHCARE CORP

Reminder: Report on a separate line for each class of

securities beneficially owned directly or indirectly.

Form 5

February 16, 2016

| FORM   | 15                                      |   |  |   |                  |        |  | OMB A  | PROVAL                 |  |
|--|---|---|--|---|------------------|--------|--|--|------------------------|--|
| UNITED STATES SECURITIES AND EXCHANGE COMMISSION                       |   |   |  |   |                  |        | OMB<br>Number:                                   | 3235-0362  |                        |  |
| Check this box if no longer subject                                    |   | was   | Washington, D.C. 20549   |   |                  |        |  | Expires:   | January 31<br>2005     |  |
| to Section<br>Form 4 or  | Form ANN                                |   | ATEMENT OF CHANGES IN BEN<br>OWNERSHIP OF SECURITIES                           |   |                  |        | FICIAL   | Estimated average burden hours per                                   |                        |  |
| 5 obligatio<br>may contin  |   | OWNER   |  |   |                  |        |  | response   | •                      |  |
| See Instruction 1(b). Form 3 Hore Reported Form 4 Transaction Reported | Filed purs                              | euant to Section 10<br>a) of the Public Ut<br>30(h) of the In | ility Holding  | g Compa   | ny A             | ct of  | 1935 or Section                                  | n  |                        |  |
| 1. Name and A<br>GAINES BF   | ddress of Reporting F<br>RENDA J        | Symbol  | 2. Issuer Name <b>and</b> Ticker or Trading Symbol TENET HEALTHCARE CORP [THC] |   |                  |        | 5. Relationship of Reporting Person(s) to Issuer |  |                        |  |
|  |   |   |  |   |                  |        | (Check all applicable)                           |  |                        |  |
| (Last)   | (First) (M                              | (Month/D  |  |   |                  |        | title 10%<br>below)                              | Owner er (specify  |                        |  |
| 1445 ROSS<br>1400  | AVENUE, SUI                             |   |  |   |                  |        |  |  |                        |  |
| (Street) 4. If Amendmen Filed(Month/Day                                |   |   |  | ment, Date Original<br>/Day/Year)                                 |                  |        | 6. Individual or Joint/Group Reporting           |  |                        |  |
|  |   |   |  |   |                  |        | (chec  | k applicable line)   | )                      |  |
| DALLAS,Â   | TXÂ 75202                               |   |  |   |                  |        | _X_ Form Filed by<br>Form Filed by Merson        |  |                        |  |
| (City)   | (State)                                 | Zip) Table  | e I - Non-Deri   | vative Sec  | urities          | s Acqu | ired, Disposed of                                | f, or Beneficial   | ly Owned               |  |
| 1.Title of<br>Security<br>(Instr. 3)                                   | 2. Transaction Date<br>(Month/Day/Year) | 2A. Deemed<br>Execution Date, if<br>any<br>(Month/Day/Year)   | Code   | 4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) |                  | )      | Securities<br>Beneficially<br>Owned at end       | 6. Ownership<br>Form: Direct<br>(D) or<br>Indirect (I)<br>(Instr. 4) | Indirect<br>Beneficial |  |
|  |   |   |  | Amount  | (A)<br>or<br>(D) | Price  | Fiscal Year (Instr. 3 and 4)                     | Í  | Í                      |  |
| Common<br>Stock  | 05/14/2015                              | 05/14/2015  | G  | 2,092<br>(1)  | D                | \$0    | 408  | I  | By Trust               |  |

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

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 2270

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| 1. Title of | 2.          | 3. Transaction Date | 3A. Deemed         | 4.          | 5.         | 6. Date Exerc | cisable and | 7. Title | e and    | 8. Price of |  |
|-------------|-------------|---------------------|--------------------|-------------|------------|---------------|-------------|----------|----------|-------------|--|
| Derivative  | Conversion  | (Month/Day/Year)    | Execution Date, if | Transaction | Number     | Expiration D  | ate         | Amou     | nt of    | Derivative  |  |
| Security    | or Exercise |                     | any                | Code        | of         | (Month/Day/   | Year)       | Under    | lying    | Security    |  |
| (Instr. 3)  | Price of    |                     | (Month/Day/Year)   | (Instr. 8)  | Derivative | e             |             | Securi   | ties     | (Instr. 5)  |  |
|             | Derivative  |                     |                    |             | Securities |               |             | (Instr.  | 3 and 4) |             |  |
|             | Security    |                     |                    |             | Acquired   |               |             |          |          |             |  |
|             |             |                     |                    |             | (A) or     |               |             |          |          |             |  |
|             |             |                     |                    |             | Disposed   |               |             |          |          |             |  |
|             |             |                     |                    |             | of (D)     |               |             |          |          |             |  |
|             |             |                     |                    |             | (Instr. 3, |               |             |          |          |             |  |
|             |             |                     |                    |             | 4, and 5)  |               |             |          |          |             |  |
|             |             |                     |                    |             |            |               |             |          | Amount   |             |  |
|             |             |                     |                    |             |            |               |             |          | or       |             |  |
|             |             |                     |                    |             |            | Date          | Expiration  |          | Number   |             |  |
|             |             |                     |                    |             |            | Exercisable   | Date        |          | of       |             |  |
|             |             |                     |                    |             | (A) (D)    |               |             |          | Shares   |             |  |
|             |             |                     |                    |             | (4) (1)    |               |             |          | SHales   |             |  |

## **Reporting Owners**

| Reporting Owner Name / Address | Relationships |           |         |      |  |  |  |
|--------------------------------|---------------|-----------|---------|------|--|--|--|
| <b>F-</b>                      | Director      | 10% Owner | Officer | Othe |  |  |  |
| GAINES BRENDA J                |               |           |         |      |  |  |  |
| 1445 ROSS AVENUE               | â v           | Â         | â       | Â    |  |  |  |
| SUITE 1400                     | АЛ            | Α         | A       | A    |  |  |  |
| DALLAS, TX 75202               |               |           |         |      |  |  |  |

# **Signatures**

Paul A. Castanon, as Attorney-in-Fact for Brenda J. 02/16/2016 Gaines

\*\*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) Bona fide gift to a charitable organization. No consideration was received by the reporting person.

Note: File three copies of this Form, one of which must be manually signed. If space provided 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.

Date

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