Hall Charles J Form 4 February 02, 2018

### FORM 4

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

**OMB APPROVAL OMB** 

Number:

3235-0287

Expires:

January 31, 2005

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**SECURITIES** Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, obligations 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 * Hall Charles J			2. Issuer Name <b>and</b> Ticker or Trading Symbol HCA Healthcare, Inc. [HCA]	5. Relationship of Reporting Person(s) to Issuer  (Check all applicable)		
(Last)	(First)	(Middle)	3. Date of Earliest Transaction	(Check all applicable)		
ONE PARK	PLAZA		(Month/Day/Year) 01/31/2018	Director 10% Owner _X Officer (give title Other (specify below) Group President		
	(Street)		4. If Amendment, Date Original	6. Individual or Joint/Group Filing(Check		
NASHVILLE, TN 37203			Filed(Month/Day/Year)	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 Ac	equired, Disposed of, or Beneficially Owned		

(City)	(State)	(Zip) Ta	ble I - Non	-Derivative	Secur	ities Acquired	l, Disposed of, o	r Beneficially	Owned
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	Code (Instr. 8)	onDisposed o (Instr. 3, 4	f (D) and 5) (A) or		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	02/01/2018		Code V M	Amount 102,629	(D)	Price \$ 22.6415	111,237	D	
Common Stock	02/01/2018		F	33,744	D	\$ 102.24	77,493	D	
Common Stock	02/01/2018		S	35,949	D	\$ 103.0948 (1)	41,544	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. Transaction Code (Instr. 8)	1 '		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title Underly (Instr. 3
				Code V	(A)	(D)	Date Exercisable	Expiration Date	Title
Stock Appreciation Right	\$ 101.16	01/31/2018		A	36,600	(3)	01/31/2019(2)	01/31/2028	Comr
Non-Qualified Stock Option (right to buy)	\$ 22.6415	02/01/2018		M		102,629	<u>(3)</u>	10/06/2019	Comr

## **Reporting Owners**

Reporting Owner Name / Address	Relationships							
1 0	Director	10% Owner	Officer	Other				
Hall Charles J								

ONE PARK PLAZA

**Group President** NASHVILLE, TN 37203

### **Signatures**

/s/ Natalie Harrison Cline. 02/02/2018 Attorney-in-Fact

> \*\*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).
- The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$103.00 to \$103.33, 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) The stock appreciation rights vest in four equal annual installments beginning on January 31, 2019.
- (3) Two thirds of the option was vested upon grant on October 6, 2009, and one third of the option vested on November 17, 2009.

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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