#### Edgar Filing: DAVITA HEALTHCARE PARTNERS INC. - Form 4

DAVITA HEALTHCARE PARTNERS INC.

Form 4 April 28, 2014

## FORM 4

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

**OMB** 3235-0287 Number:

**OMB APPROVAL** 

Check this box if no longer subject to

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

January 31, Expires:

2005

0.5

Section 16. Form 4 or Form 5

**SECURITIES** Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Estimated average burden hours per response...

obligations may continue. See Instruction Section 17(a) of the Public Utility Holding Company Act of 1935 or Section

30(h) of the Investment Company Act of 1940

1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person \* JIGANTI JEANINE MARIE

2. Issuer Name and Ticker or Trading

Issuer

below)

Symbol

DAVITA HEALTHCARE PARTNERS INC. [DVA]

(Check all applicable)

Chief Compliance Officer

(Last)

(First) (Middle) 3. Date of Earliest Transaction

Director 10% Owner X\_ Officer (give title Other (specify

5. Relationship of Reporting Person(s) to

C/O DAVITA HEALTHCARE PARTNERS INC., 2000 16TH

STREET

4. If Amendment, Date Original

6. Individual or Joint/Group Filing(Check

Filed(Month/Day/Year)

(Month/Day/Year)

04/24/2014

Applicable Line) \_X\_ Form filed by One Reporting Person Form filed by More than One Reporting

**DENVER, CO 80202** 

(City) (State) (Zip)

(Street)

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

1.Title of Security (Instr. 3)

(Month/Day/Year) Execution Date, if

2. Transaction Date 2A. Deemed

(Month/Day/Year)

3. 4. Securities TransactionAcquired (A) or Code Disposed of (D) (Instr. 8) (Instr. 3, 4 and 5) 5. Amount of Securities Beneficially Owned Following

6. Ownership 7. Nature of Form: Direct Indirect (D) or Beneficial Indirect (I) Ownership (Instr. 4) (Instr. 4)

(A)

Reported Transaction(s)

(Instr. 3 and 4) Code V Amount Price (D)

Common Stock

04/24/2014

 $A^{(1)}$ 

1,080

\$0 6,329 D

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

Persons who respond to the collection of SEC 1474 information contained in this form are not 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)

(9-02)

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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. Transactio Code (Instr. 8)	5. Number of Derivative Securities Acquired (A) or Disposed of (D)	ative Expiration Date s (Month/Day/Year)		7. Title and Amount Underlying Securitie (Instr. 3 and 4)	
				Code V	(Instr. 3, 4, and 5)  (A) (D)	Date Exercisable	Expiration Date	Title	Amour or Number of Shares
Stock Appreication Rights	\$ 69.38	04/24/2014		A(2)	4,322	04/24/2017	04/24/2018	Common Stock	4,322

## **Reporting Owners**

Reporting Owner Name / Address	Relationships					
1	Director	10% Owner	Officer	Other		
JIGANTI JEANINE MARIE C/O DAVITA HEALTHCARE PARTNERS INC. 2000 16TH STREET DENVER, CO 80202			Chief Compliance Officer			

# **Signatures**

/s/ Kim M. Rivera Attorney-in-Fact 04/28/2014

\*\*Signature of Reporting Person Da

## **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) Restricted Stock Units, granted on 4/24/2014, pursuant to the DaVita HealthCare Partners Inc. 2011 Incentive Award Plan, which vest 50% each on May 15, 2017 and May 15, 2018.
- (2) Stock Appreciation Rights, granted on 04/24/2014, pursuant to the DaVita HealthCare Partners Inc. 2011 Incentive Award Plan, which vest 50% each on three years and four years from the grant date.

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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