

DAVITA HEALTHCARE PARTNERS INC.
 Form 4
 May 07, 2014

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 *
 Kogod Dennis

2. Issuer Name and Ticker or Trading Symbol
 DAVITA HEALTHCARE PARTNERS INC. [DVA]

5. Relationship of Reporting Person(s) to Issuer
 (Check all applicable)

(Last) (First) (Middle)
 C/O DAVITA HEALTHCARE PARTNERS INC., 2000 16TH STREET

3. Date of Earliest Transaction (Month/Day/Year)
 05/05/2014

____ Director _____ 10% Owner
 Officer (give title below) _____ Other (specify below)
 COO, HealthCare Partners

(Street)
 DENVER, CO 80202

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

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

(City) (State) (Zip)

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) | |
|---------------------------------|--------------------------------------|--|--------------------------------|---|---|--|---|---|
| | | | | (A) or (D) | Price | | | |
| | | | | Code | V | Amount | | |
| Common Stock | 05/05/2014 | | M | 18,750 | A | \$ 31.7 | 78,374 | D |
| Common Stock | 05/05/2014 | | F | 8,820 | D | \$ 67.39 | 69,554 | D |
| Common Stock | 05/05/2014 | | S | 9,930 | D | \$ 66.9082 | 59,624 | D |
| | | | | | | (1) | | |
| Common Stock | 05/05/2014 | | M | 71,250 | A | \$ 43.35 | 130,874 | D |

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| | | | | | | | |
|--------------|------------|---|--------|---|-----------------------------|--------|---|
| Common Stock | 05/05/2014 | F | 45,834 | D | \$ 67.39 | 85,040 | D |
| Common Stock | 05/05/2014 | S | 25,416 | D | \$ 66.9871 <u>(2)</u> | 59,624 | 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 Amount of Underlying Security (Instr. 3 and 4) |
|--|--|--------------------------------------|--|--------------------------------|---|--|---|
| | | | | Code | V (A) (D) | Date Exercisable Expiration Date | Title |
| Stock Appreciation Rights | \$ 31.7 | 05/05/2014 | | M | 18,750 | 03/31/2011 ⁽³⁾ 03/31/2015 | Common Stock |
| Stock Appreciation Rights | \$ 43.35 | 05/05/2014 | | M | 71,250 | 04/13/2014 ⁽⁴⁾ 04/13/2016 | Common Stock |

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | |
|---|---------------|-----------|--------------------------------|-------|
| | Director | 10% Owner | Officer | Other |
| Kogod Dennis C/O DAVITA HEALTHCARE PARTNERS INC. 2000 16TH STREET DENVER, CO 80202 | | | COO, HealthCare Partners | |

Signatures

/s/ Kim M. Rivera
Attorney-in-Fact

05/07/2014

**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) Represents the weighted average sale price of \$66.9082. The range of prices for the sale of these shares was \$66.89 - \$66.94, rounded to the nearest hundredths. 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 purchased or sold at each separate price.
 - (2) Represents the weighted average sale price of \$66.9871. The range of prices for the sale of these shares was \$66.94 - \$67.06, rounded to the nearest hundredths. 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 purchased or sold at each separate price.
 - (3) Stock Appreciation Rights, granted on 3/31/2010, pursuant to the DaVita Inc. 2002 Equity Compensation Plan, (as amended and restated, the "DaVita HealthCare Partners Inc. 2011 Incentive Award Plan," effective June 6, 2011), which vested 25% on the first anniversary of the grant date, then 6.25% every three months thereafter.
 - (4) Stock Appreciation Rights, granted on 4/13/2011, pursuant to the DaVita Inc. 2002 Equity Compensation Plan, (as amended and restated, the "DaVita HealthCare Partners Inc. 2011 Incentive Award Plan," effective June 6, 2011), which vested 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.