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DAVITA HEALTHCARE PARTNERS INC.

Form 4 May 13, 2015

FORM 4

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

OMB Number: 3235-0287

Check this box if no longer subject to Section 16.

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Expires: January 31, 2005
Estimated average

0.5

OMB APPROVAL

Form 4 or Form 5 obligations may continue. See Instruction

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

response...

burden hours per

1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person * NEHRA JOHN M			2. Issuer Name and Ticker or Trading Symbol DAVITA HEALTHCARE PARTNERS INC. [DVA]					5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
	C/O DAVITA HEALTHCARE PARTNERS INC., 2000 16TH				Fransaction		_	X Director 10% Owner Officer (give title below) Other (specify below)			
(Street) DENVER, CO 80202			4. If Amendment, Date Original Filed(Month/Day/Year)					6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person			
(City)	(State)	(Zip)	Tab	ole I - Non-	Derivative	Secui	ities Acqui	ired, Disposed of,	or Beneficiall	y Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deem Execution any (Month/D	Date, if	3. 4. Securities Acquired (A Transaction Disposed of (D) Code (Instr. 3, 4 and 5)				Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Common Stock	05/11/2015			M	36,000	A	\$ 31.32	98,531	I	By Trust	
Common Stock	05/11/2015			F	13,722	D	\$ 82.17	84,809	I	By Trust	
Common Stock	05/11/2015			S	12,278	D	\$ 81.8523	72,531	I	By Trust	

(2)

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

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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	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transact Code (Instr. 8)	iorDeriv Secu Acqu	rities uired (A)	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Ame Underlying Secu (Instr. 3 and 4)	
	Derivative Security				(D)	isposed of r. 3, 4, 5)				
				Code V	7 (A)	(D)	Date Exercisable	Expiration Date	Title	Ar or Nu of
Stock Appreciation Rights	\$ 31.32	05/11/2015		M		36,000	06/07/2011(3)	06/07/2015	Common Stock	30

Reporting Owners

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

NEHRA JOHN M C/O DAVITA HEALTHCARE PARTNERS INC. 2000 16TH STREET DENVER, CO 80202



Signatures

/s/ Arturo Sida, Attorney-in-Fact 05/12/2015

**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) John Nehra Revocable Trust UAD 09/23/2009.
- Represents the weighted average sale price of \$81.8523. The range of prices for the sale of these shares was \$81.820 \$81.950, rounded (2) to the nearest thousandths. 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) The Stock Appreciation Rights were granted on 6/7/2010, pursuant to the DaVita HealthCare Partners Inc. 2011 Incentive Award Plan, as amended and restated, and vested 100% on the one-year anniversary of 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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