#### WHITMAN BURKE W

Form 4

February 03, 2005

### FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

**OMB APPROVAL** 

OMB 3235-0287 Number:

January 31, Expires: 2005

burden hours per

5. Relationship of Reporting Person(s) to

(Check all applicable)

Issuer

Estimated average response... 0.5

Check this box if no longer subject to Section 16. Form 4 or Form 5

**SECURITIES** Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

2. Issuer Name and Ticker or Trading

TRIAD HOSPITALS INC [TRI]

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

Symbol

1(b).

(Print or Type Responses)

WHITMAN BURKE W

1. Name and Address of Reporting Person \*

								(Clicc.	k an applicable	,		
	(Last) (First) (Middle)		e) 3. Date of Ear	rliest Trans	action							
	5800 TENNYSON PARKWAY				(Month/Day/Year) 02/03/2005				Director 10% Owner _X_ Officer (give title Other (specify below)  EVP, Chief Financial Officer			
(Street)				4. If Amendm	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			
PLANO, TX 75024												
	1211,0,111,0	· · ·						Person				
(City) (State) (Zip)				Table I -	Table I - Non-Derivative Securities Acc				quired, Disposed of, or Beneficially Owned			
	1.Title of Security (Instr. 3)	2. Transactio (Month/Day	/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	Code (Instr. 8)	4. Securi onAcquired Disposed (Instr. 3,	l (A) or l of (D)	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							99,124	D			
	Common Stock in Triad Management Stock Purchase Plan							8,825	D			
	Common Stock in Triad Retirement Saving Plan ESOP Acct							528	I	By ESOP		

### Edgar Filing: WHITMAN BURKE W - Form 4

Common Stock in Triad Retirement Plan Common Stock Fund

59 I By 401(k) plan

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. Transactic Code (Instr. 8)	5. Number of orDerivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exerc Expiration D (Month/Day/	ate	7. Title and A Underlying S (Instr. 3 and	Securiti
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amou or Numb of Sha
Non-qualified option (right to buy)	\$ 42.51	02/03/2005		A	70,000	<u>(1)</u>	02/13/2015	Common Stock	70,0

# **Reporting Owners**

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

WHITMAN BURKE W 5800 TENNYSON PARKWAY PLANO, TX 75024

EVP, Chief Financial Officer

## **Signatures**

Donald P Fay, Attorney-in-fact 02/03/2005

\*\*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) The option vests in four equal annual installments, commencing February 3, 2006.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Reporting Owners 2

## Edgar Filing: WHITMAN BURKE W - Form 4

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.