## Edgar Filing: Wyatt Christopher F. - Form 4

Wyatt Christe	opher F.											
Form 4												
February 02,	2018											
FORM	FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION								PPROVAL			
	• UNITI	ED STATE						NGE (	COMMISSION		3235-0287	
Check thi	Check this box Washington, D.C. 20549						Number:					
if no long	or			ono n			CTAI			Expires:	January 31 2005	
subject to	1	EMENTO	of CHAN				CIAI	LOW	NERSHIP OF	Estimated average		
	Section 16. SECURITIES							burden hours per				
Form 4 or Form 5		Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,						response	0.5			
obligation	• •	•						-	f 1935 or Sectio	. n		
may conti	inue.		) of the Inv	•		•	• •			)11		
See Instru 1(b).	iction	50(II	) of the m	vestille	int C	Joinpany	Act	01 1 2	+0			
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(Print or Type R	Responses)											
1. Name and Address of Reporting Person       2. Issuer Name and Ticker or Trading       5. Relationship of						f Reporting Per	son(s) to					
Wyatt Christ	Symbol	Symbol HCA Healthcare, Inc. [HCA]					Issuer					
							HCA He	(Check all applicable)				
(Last)	(First)	(Middle)	3. Date of	Earliest	Tra	nsaction			(Che	ck all applicable	-)	
			(Month/D	(Month/Day/Year)					Director 10% Owner			
ONE PARK PLAZA			01/31/20	01/31/2018					X Officer (giv below)	e title Oth below)	er (specify	
									· · · · · · · · · · · · · · · · · · ·	P & Controller		
	(Street)		4 If Amer	ndment	Date	- Original			6 Individual or I	oint/Groun Fili	10(Check	
(0.000)				4. If Amendment, Date Original Filed(Month/Day/Year)					6. Individual or Joint/Group Filing(Check Applicable Line)			
					)				_X_ Form filed by			
NASHVILL	E, TN 37203								Form filed by 1 Person	More than One Re	eporting	
	(Stata)	(7:0)							1 crson			
(City)	(State)	(Zip)	Table	e I - Nor	ı-De	rivative S	ecuri	ties Ac	quired, Disposed o	f, or Beneficial	lly Owned	
1.Title of		Date 2A. De		3.		4. Securi			5. Amount of Securities	6. Ownership		
Security	(Month/Day/Y	Month/Day/Year) Execution Date								Form: Direct	Indirect	
(Instr. 3)		any (Month	CodeDisposed of (D)Day/Year)(Instr. 8)(Instr. 3, 4 and 5)						•	(D) or Indirect (I)	Beneficial Ownership	
		(ivionui	(Duy) I cui)	(msu.	0)	(1150.5,	i unu	5)	Following	(Instr. 4)	(Instr. 4)	
							(A)		Reported			
							or		Transaction(s)			
				Code	V	Amount	(D)	Price	(Instr. 3 and 4)			
Common	02/01/2018			G	V	350	D	\$0	6,157	D		
Stock				2	,			÷Ŭ	.,			

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.

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

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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 orDerivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	Expiration Date (Month/Day/Year	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amo Underlying Secu (Instr. 3 and 4)	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Ar or Nu of	
Stock Appreciation Right	\$ 101.16	01/31/2018		А	18,300	01/31/2019 <u>(1)</u>	01/31/2028	Common Stock	1	

## **Reporting Owners**

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
Wyatt Christopher F. ONE PARK PLAZA NASHVILLE, TN 37203			SVP & Controller				
Signatures							
/s/ Kevin A. Ball, Attorney-in-Fact		02/02/2018					
**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 stock appreciation rights vest in four equal annual installments beginning on January 31, 2019.

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.