#### PARSONS MICHAEL J

Form 4

August 02, 2005

### FORM 4

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

OMB Number: 3235-0287

burden hours per

Check this box if no longer subject to Section 16.

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Expires: January 31, 2005 Estimated average

**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...

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1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person * PARSONS MICHAEL J			2. Issuer Name <b>and</b> Ticker or Trading Symbol TRIAD HOSPITALS INC [TRI]	5. Relationship of Reporting Person(s) to Issuer  (Check all applicable)		
(Last)	(First)	(Middle)	3. Date of Earliest Transaction	(Check all applicable)		
5800 TENNYSON PARKWAY		WAY	(Month/Day/Year) 08/02/2005	_X_ Director 10% Owner _X_ Officer (give title Other (specify below)  Exec VP, Chief Operating Off		
(Street)			4. If Amendment, Date Original	6. Individual or Joint/Group Filing(Check		
PLANO, TX 73	5024		Filed(Month/Day/Year)	Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person		

(City)	(State) (Zip	Table I	- Non-Deri	ivative Se	curitie	es Acquir	ed, Disposed of,	or Beneficiall	y Owned
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transactic Code (Instr. 8)	4. Securi on(A) or D (Instr. 3,	ispose	d 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	08/01/2005		M	9,000	A		59,047	D	
Common Stock	08/01/2005		S <u>(1)</u>	1,000	D	\$ 49.65	58,047	D	
Common Stock	08/01/2005		S <u>(1)</u>	1,000	D	\$ 49.75	57,047	D	
Common Stock	08/01/2005		S <u>(1)</u>	1,000	D	\$ 49.85	56,047	D	
Common Stock	08/01/2005		S(1)	3,000	D	\$ 50.1	53,047	D	

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Common Stock	08/01/2005	S(1)	2,000	D	\$ 50.15	51,047	D	
Common Stock	08/01/2005	S(1)	1,000	D	\$ 50.2	50,047	D	
Common Stock in HCA Inc. 1995 Management Stock Purchase Plan						140	D	
Common Stock in Triad Retirement Saving Plan ESOP Acct.						705	I	By ESOP
Common Stock in Triad Retirement Plan Stock Fund						156	I	By 401(k) Plan

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

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(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 on f 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 Securities (Instr. 3 and 4)	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amoun or Numbe of Shares
Non-qualified option (right to buy)	\$ 11.5	08/01/2005		M	9,000	(2)	06/10/2009	Common Stock	9,000

## **Reporting Owners**

Reporting Owner Name / Address	Relationships							
	Director	10% Owner	Officer	Other				
PARSONS MICHAEL J 5800 TENNYSON PARKWAY	X		Exec VP, Chief					
PLANO, TX 75024			Operating Off					

## **Signatures**

Michael J.
Parsons

\*\*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) Sale pursuant to Rule 10b5-1 trading plan.
- (2) The option vests in two installments: 45,320 shares on June 10, 2000, and 160,980 shares on April 27, 2001.

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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