### Edgar Filing: Cuffe Michael S. - Form 4

Cuffe Michae Form 4 December 19 <b>FORM</b> Check thi if no long subject to	9, 2017 <b>1 4</b> UNITE is box ger STATE	Washington, D.C. 20549 STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF							OMB APPROVAL OMB 3235-0287 Number: January 31, Expires: January 31, 2005 Estimated average		
Section 16. SECURITIES burde							burden hour response	•			
<ol> <li>Name and Address of Reporting Person <u>*</u></li> <li>Cuffe Michael S.</li> </ol>			2. Issuer Name <b>and</b> Ticker or Trading Symbol HCA Healthcare, Inc. [HCA]				ng	5. Relationship of Reporting Person(s) to Issuer			
(Last)	(First)	(Middle)						c all applicable)	)		
			(Month/Day/Year) 12/15/2017					Director 10% Owner X_ Officer (give title Other (specify below) President-Physician Services			
				endment, Date Original onth/Day/Year)				<ul><li>6. Individual or Joint/Group Filing(Check</li><li>Applicable Line)</li><li>_X_ Form filed by One Reporting Person</li></ul>			
NASHVILL	LE, TN 37203							Form filed by M Person	ore than One Rep	oorting	
(City)	(State)	(Zip)	Tabl	e I - Non-D	Derivative	Secur	ities Acq	uired, Disposed of,	or Beneficiall	y Owned	
1.Title of Security (Instr. 3)	2. Transaction Da (Month/Day/Yea	r) Executio any	med	3. Transactio Code (Instr. 8) Code V	4. Securi	ties A spose	cquired 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	
Common Stock	12/15/2017			M <sup>(1)</sup>	2,400	A	\$ 17.33	12,773.4951 (2)	D		
Common Stock	12/15/2017			S <u>(1)</u>	2,400	D	\$ 86.63	10,373.4951 (2)	D		

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

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# 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. Transactio Code (Instr. 8)	5. Number onof Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	(Month/Day/Year)		7. Title and Amount Underlying Securitie (Instr. 3 and 4)	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amou or Numb of Shares
Non-Qualified Stock Option (right to buy)	\$ 17.33	12/15/2017		M <u>(1)</u>	2,400	(3)	11/02/2021	Common Stock	2,40

## **Reporting Owners**

Reporting Owner Name / Address	Relationships						
I B	Director	10% Owner	Officer	Other			
Cuffe Michael S. ONE PARK PLAZA NASHVILLE, TN 37203			President-Physician Services				
Signatures							
/s/ Kevin A. Ball, Attorney-in-Fact		12/19/2017					
<u>**</u> 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).
- (2) Includes 1,391.4951 shares acquired under the HCA Holdings, Inc. Employee Stock Purchase Plan.
- (3) The option vested in two equal annual installments beginning on November 2, 2014.

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.