Edgar Filing: DAVITA HEALTHCARE PARTNERS INC. - Form 4

DAVITA H Form 4 April 02, 20	EALTHCARE P 014	ARTNER	S INC.								
FORM 4 Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue STATEMENT O Filed pursuant to Section 17(a) of the			S SECURITIES AND EXCHANGE COMMISS Washington, D.C. 20549 F CHANGES IN BENEFICIAL OWNERSHIP SECURITIES Section 16(a) of the Securities Exchange Act of 192 Public Utility Holding Company Act of 1935 or Se of the Investment Company Act of 1940					ERSHIP OF Act of 1934, 1935 or Section	F Estimated average burden hours per response 3235-0287 January 31, 2005 Estimated average burden hours per response 0.5		
(Print or Type	Responses)										
Mildenberger Laura Syn DA			Symbol DAVIT	2. Issuer Name and Ticker or Trading ymbol AVITA HEALTHCARE ARTNERS INC. [DVA]				5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
(Mont				e of Earliest Transaction h/Day/Year) 2/2014				Director 10% Owner X Officer (give title Other (specify below) below) Chief People Officer			
(Street) 4. If Amendment, Filed(Month/Day/Y					Day/Year) Applicable Line) _X_ Form filed by 0				Dint/Group Filing(Check		
DENVER,	CO 80202							Form filed by M Person	Iore than One Re	porting	
(City)	(State)	(Zip)	Tab	le I - Non-l	Derivative	e Secu	rities Acqu	uired, Disposed of	, or Beneficial	y Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)		Date, if	Code (Instr. 8)	4. Securi oror Dispos (Instr. 3, Amount	(A) or	(D) 5) Price) 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	04/02/2014			S	598	D	\$ 69.2201	5,438	D		

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)

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	4. Transactic Code (Instr. 8)	5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Amou Under Secur	rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owne Follo Repo Trans (Instr
			Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

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Reporting Owners

Reporting Owner Name / Address		Relationships					
	Director	10% Owner	Officer	Other			
Mildenberger Laura C/O DAVITA HEALTHCARE PARTNERS INC. 2000 16TH STREET DENVER, CO 80202			Chief People Officer				
Signatures							
/s/ Kim M. Rivera 04/02/20	14						

Attorney-in-Fact

Date

**Signature of Reporting Person

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).

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.