Edgar Filing: DAVITA HEALTHCARE PARTNERS INC. - Form 4

DAVITA HE Form 4 August 19, 20	ALTHCARE	PARTNER	S INC.									
FORM 4 UNITED STATES SECURITIES AN								OMB APPROVAL				
	UNITE	Washington, D.C. 20549							OMB Number:	3235-028		
Check this if no longe subject to Section 16 Form 4 or	er STATE 5.								Expires: January 31 2009 Estimated average burden hours per response 0.5			
Form 4 or Form 5 obligations may continue. See Instruction 1(b). 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									0.			
(Print or Type R	esponses)											
ROPER WILLIAM L Symbol				Name and A HEALT			g	5. Relationship of Reporting Person(s) to Issuer				
	PARTNI	PARTNERS INC. [DVA]					(Check all applicable)					
(Last) (First) (Middle) 3. Date of (Month/D C/O DAVITA HEALTHCARE 05/17/20 PARTNERS INC., 2000 16TH STREET				-				X_ Director 10% Owner Officer (give title Other (specify below) below)				
	(Street) 4. If Amer Filed(Mon				-			6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person				
DENVER, C	O 80202							Form filed by M Person	More than One Re	eporting		
(City)	(State)	(Zip)	Table	I - Non-De	erivative S	Securi	ties Ac	quired, Disposed o	f. or Beneficia	llv Owned		
1.Title of Security (Instr. 3)	2. Transaction E (Month/Day/Ye	ar) Executio any		3. Transactic Code (Instr. 8) Code V	4. Securi onAcquirec Disposed (Instr. 3,	ties I (A) o I of (D	er P)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	-		
Common Stock	05/17/2013			А	31	А	\$0	7,158 (1)	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. Transactio Code (Instr. 8)	5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate Amo Year) Unde Secu		le and int of rlying ities . 3 and 4)	Derivative Security (Instr. 5)	9. Nu Deriv Secu 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						
	Direct	tor	10% Owner	Officer	Other			
ROPER WILLIAM L C/O DAVITA HEALTHCARE PARTNERS IN 2000 16TH STREET DENVER, CO 80202	NC. X							
Signatures								
/s/ Kim M. Rivera Attorney-in-Fact 08/19	/2013							

Date

<u>**</u>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).
- (1) Balance as of this report.

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. MARGIN-TOP: 0px">

By:

/s/ Michael W. Harrington

Michael W. Harrington,

Chief Financial Officer

Date: January 19, 2017

EXHIBIT INDEX

Exhibit 99.1 – Press Release announcing the results of operations for the quarter ended December 31, 2016