## Edgar Filing: Englebright Jane D. - Form 4

		JRITIES AND EXCHANGE Co ashington, D.C. 20549	Number: 3235-0287				
Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b). Check this box if no longer subject to STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES SECURITIES SECURITIES 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 1(b).							
(Print or Type Responses) 1. Name and Address of Reporting Englebright Jane D.	Symbo		5. Relationship of Reporting Person(s) to Issuer				
(Last) (First) ( ONE PARK PLAZA	(Middle) 3. Date	of Earliest Transaction /Day/Year) /2018	(Check all applicable) Director 10% Owner _X Officer (give title Other (specify below) SVP and Chief Nursing Officer				
(Street) NASHVILLE, TN 37203	4. If An Filed(M	<ul> <li>6. Individual or Joint/Group Filing(Check</li> <li>Applicable Line)</li> <li>_X_ Form filed by One Reporting Person</li> <li> Form filed by More than One Reporting</li> </ul>					
(City) (State)	(Zip) Te		Person				
1.Title of Security (Instr. 3)2. Transaction Date (Month/Day/Year)	18	3. 4. Securities Acquired (A) Transactionor Disposed of (D) Code (Instr. 3, 4 and 5) (Instr. 8) (A) or	ired, Disposed of, or Beneficially Owned 5. Amount of 6. 7. Nature of Securities Ownership Indirect Beneficially Form: Beneficial Owned Direct (D) Ownership Following or Indirect (Instr. 4) Reported (I) Transaction(s) (Instr. 4) (Instr. 3 and 4)				
Common 08/15/2018 Stock		Code V Amount (D) Price \$ S 6,543 D 129.8622 (1)					
Common 08/15/2018 Stock		G V 939 D \$0	6,504 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. Transacti Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Amou Unde Secur	le and int of rlying ities . 3 and 4)	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		

## **Reporting Owners**

Reporting Owner Name / Address	Relationships				
	Director	10% Owner	Officer	Other	
Englebright Jane D. ONE PARK PLAZA NASHVILLE, TN 37203			SVP and Chief Nursing Officer		
Signatures					
/s/ Kevin A. Ball, Attorney-in-Fact		08/17/2018			

<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).

The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$129.56 to \$130.05, inclusive. The reporting person undertakes to provide to HCA Healthcare, Inc., any security holder of HCA

(1) \$129.50 to \$150.05, inclusive. The reporting person undertakes to provide to FICA Healthcare, inc., any security notice of FICA Healthcare, inc., and security notice of FICA Healthcare, inc

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.