Edgar Filing: DAVITA HEALTHCARE PARTNERS INC. - Form 4

DAVITA H Form 4 June 13, 20	EALTHCARE P	ARTNER	S INC.								
FORM	_								OMB AF	PROVAL	
	UNITED	STATES		RITIES A			ANGE CO	OMMISSION	OMB Number:	3235-0287	
Check the check	nger			U U					Expires:	January 31,	
subject Section Form 4	to SIAIEN 16.	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP O SECURITIES								2005 verage 's per 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											
(Print or Type	Responses)										
1. Name and Address of Reporting Person <u>*</u> Rivera Kim M			Symbol				0	5. Relationship of Reporting Person(s) to Issuer			
			DAVITA HEALTHCARE PARTNERS INC. [DVA]					(Check all applicable)			
(Last) (First) (Middle) C/O DAVITA HEALTHCARE PARTNER'S INC., 2000 16TH							Director 10% Owner _X Officer (give title Other (specify below) below) Chief Legal Officer				
STREET	,										
			Month/Day/Year) A				6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person				
DENVER, CO 80202			_					_X_Form filed by One Reporting Person Form filed by More than One Reporting Person			
(City)	(State)	(Zip)	Tab	ole I - Non-	Derivative	Secu	rities Acqu	ired, Disposed of,	or Beneficial	y Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deem Execution any (Month/D	Date, if Transaction Disposed of (D) Code (Instr. 3, 4 and 5)		(D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
				Code V	Amount	or (D)	Price	(Instr. 3 and 4)	(11011-1)		
Common Stock	06/11/2014			М	15,000	А	\$ 43.35	19,032	D		
Common Stock	06/11/2014			F	9,071	D	\$ 71.69	9,961	D		
Common Stock	06/11/2014			S	5,929	D	\$ 71.0473	4,032	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. Transactic Code (Instr. 8)	5. Number of orDerivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisab Expiration Date (Month/Day/Year		7. Title and A Underlying S (Instr. 3 and	Secu
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Ar or Nu of
Stock Appreciation Right	\$ 43.35	06/11/2014		М	15,000	04/13/2014(2)	04/13/2016	Common Stock	1:

Reporting Owners

Reporting Owner Name / Address	Relationships				
13	Director	10% Owner	Officer	Other	
Rivera Kim M C/O DAVITA HEALTHCARE PARTNER'S INC. 2000 16TH STREET DENVER, CO 80202			Chief Legal Officer		

Signatures

/s/ Kim M. Rivera	06/13/2014			
**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).

Represents the weighted average sale price of \$71.0473. The range of prices for the sale of these shares was \$71.00 - \$71.11, rounded to
(1) the nearest hundredths. The reporting person undertakes to provide upon request by the Commission staff, the Issuer, or a security holder of the Issuer, full information regarding the number of shares purchased or sold at each separate price.

Stock Appreciation Rights, granted on 4/13/2011, pursuant to the DaVita Inc. 2002 Equity Compensation Plan, (as amended and restated, (2) the "DaVita HealthCare Partners Inc. 2011 Incentive Award Plan," effective June 6, 2011), which vested 50% each on three years and

four years from the grant date. Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure.

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