

HEALTH MANAGEMENT ASSOCIATES, INC
 Form 3
 August 08, 2013

FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

OMB APPROVAL

OMB Number: 3235-0104
 Expires: January 31, 2015
 Estimated average burden hours per response... 0.5

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF 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

(Print or Type Responses)

1. Name and Address of Reporting Person *
 Starcher John M. Jr.
 (Last) (First) (Middle)

2. Date of Event Requiring Statement
 (Month/Day/Year)
 08/01/2013

3. Issuer Name and Ticker or Trading Symbol
 HEALTH MANAGEMENT ASSOCIATES, INC [HMA]

4. Relationship of Reporting Person(s) to Issuer

5. If Amendment, Date Original Filed(Month/Day/Year)

HEALTH MANAGEMENT ASSOCIATES, INC., 5811 PELICAN BAY BOULEVARD, SUITE 500
 (Street)

(Check all applicable)

Director 10% Owner
 Officer Other
 (give title below) (specify below)
 Interim President and CEO

NAPLES, FL 34108

(City) (State) (Zip)

6. Individual or Joint/Group Filing(Check Applicable Line)
 Form filed by One Reporting Person
 Form filed by More than One Reporting Person

Table I - Non-Derivative Securities Beneficially Owned

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
Class A Common Stock, \$.01 par value	434	D	^

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

SEC 1473 (7-02)

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 Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)	3. Title and Amount of Securities Underlying Derivative Security	4. Conversion or Exercise	5. Ownership Form of	6. Nature of Indirect Beneficial Ownership (Instr. 5)
---	---	--	---------------------------	----------------------	--

Edgar Filing: HEALTH MANAGEMENT ASSOCIATES, INC - Form 3

	Date Exercisable	Expiration Date	(Instr. 4) Title	Amount or Number of Shares	Price of Derivative Security	Derivative Security: Direct (D) or Indirect (I) (Instr. 5)
Deferred Stock Award	Â (1)	03/01/2016	Class A Common Stock, \$.01 par value	43,467	\$ 0	D Â
Deferred Stock Award	Â (2)	03/01/2017	Class A Common Stock, \$.01 par value	36,151	\$ 0	D Â

Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
Starcher John M. Jr. HEALTH MANAGEMENT ASSOCIATES, INC. 5811 PELICAN BAY BOULEVARD, SUITE 500 NAPLES, FL 34108	Â	Â	Â Interim President and CEO	Â

Signatures

/s/ Gary S. Bryant, Attorney-in-fact for John M. Starcher, Jr. 08/08/2013

__Signature of Reporting Person Date

Explanation of Responses:

- * If the form is filed by more than one reporting person, see Instruction 5(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) This deferred stock award granted under the Issuer's Amended and Restated 1996 Executive Incentive Compensation Plan vests equally on 3/1/14, 3/1/15 and 3/1/16 assuming Mr. Starcher's continuous employment.
Except as otherwise provided in the award notice, this deferred stock award granted under the Issuer's Amended and Restated 1996 Executive Incentive Compensation Plan vests equally on 3/1/14, 3/1/15, 3/1/16, and 3/1/17 assuming Mr. Starcher's continuous employment and is subject to forfeiture if certain vesting conditions are not met.
- (2) Executive Incentive Compensation Plan vests equally on 3/1/14, 3/1/15, 3/1/16, and 3/1/17 assuming Mr. Starcher's continuous employment and is subject to forfeiture if certain vesting conditions are not met.

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.