TRIAD HOSPITALS INC

Form 4

December 10, 2004

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

OMB Number:

3235-0287

Expires:

January 31, 2005

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OMB APPROVAL

response...

if no longer subject to Section 16. Form 4 or Form 5

Check this box

SECURITIES Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, obligations

Section 17(a) of the Public Utility Holding Company Act of 1935 or Section may continue. 30(h) of the Investment Company Act of 1940 See Instruction

1(b).

(Last)

(Print or Type Responses)

1. Name and Address of Reporting Person * SHELTON JAMES D

2. Issuer Name and Ticker or Trading Symbol

TRIAD HOSPITALS INC [TRI]

5. Relationship of Reporting Person(s) to

Issuer

(Middle)

3. Date of Earliest Transaction

X Director

(Check all applicable)

5800 TENNYSON PARKWAY

(First)

(Month/Day/Year)

12/09/2004

10% Owner Other (specify X_ Officer (give title

below)

Chairman, President, CEO

(Street)

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

Applicable Line)

X Form filed by One Reporting Person Form filed by More than One Reporting

6. Individual or Joint/Group Filing(Check

Person

PLANO, TX 75024

Stock

						1 013	OII		
(City)	(State) (Z	Table l	I - Non-Dei	rivative Secu	urities	Acquire	d, Disposed of, o	r Beneficially	Owned
1.Title of Security (Instr. 3)	2. Transaction Date 2A. Deemed (Month/Day/Year) Execution Date, if any (Month/Day/Year)		3. 4. Securities Acquired (A) Transaction Disposed of (D) Code (Instr. 3, 4 and 5) (Instr. 8)		Beneficially Form: Owned Direct (I Following or Indirect	Ownership	Beneficial Ownership		
			Code V	Amount	(A) or (D)	Price	Reported Transaction(s) (Instr. 3 and 4)	(Instr. 4)	
Common Stock	12/09/2004		M	150,000	A	\$ 9.375	400,740	D	
Common Stock	12/09/2004		M	142,300	A	\$ 11.5	543,040	D	
Common Stock	12/09/2004		S	200	D	\$ 37.21	542,840	D	
Common Stock	12/09/2004		S	72,400	D	\$ 37.2	470,440	D	
Common	12/09/2004		S	1,000	D	\$ 37.1	469,440	D	

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Common Stock	12/09/2004	S	10,000	D	\$ 37.05	459,440	D	
Common Stock	12/09/2004	S	3,900	D	\$ 37.03	455,540	D	
Common Stock	12/09/2004	S	900	D	\$ 37.02	454,640	D	
Common Stock	12/09/2004	S	2,100	D	\$ 37.01	452,540	D	
Common Stock	12/09/2004	S	201,800	D	\$ 37	250,740	D	
Common Stock in HCA Inc. 1995 Management Stock Purchase Plan						443	D	
Common Stock in HCA Inc. Employee Stock Purchase Plan						104	D	
Common Stock in Triad Retirement Savings Plan ESOP Acct						644	I	By ESOP
Common Stock in Triad Retirement Plan Stock Fund						158	I	By 401(k) Plan

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

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SEC 1474 (9-02)

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

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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. Transaction Code (Instr. 8)	5. Number of or Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amc Underlying Secu (Instr. 3 and 4)	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Ar Nu Sh
Non-qualified option (right to buy)	\$ 9.375	12/09/2004		M	150,000	04/27/2001	05/26/2009	Common Stock	1:
Non-qualified option (right to buy)	\$ 11.5	12/09/2004		M	142,300	04/27/2001	06/10/2009	Common Stock	14

Reporting Owners

Reporting Owner Name / Address	Relationships							
	Director	10% Owner	Officer	Other				
SHELTON JAMES D 5800 TENNYSON PARKWAY PLANO, TX 75024	X		Chairman, President, CEO					

Signatures

Donald P Fay, Attorney-in-fact

**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).

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.

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