#### MOORE A BRUCE JR

Form 4

February 01, 2019

### FORM 4

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

OMB

Check this box

3235-0287 Number: January 31, Expires:

2005

**OMB APPROVAL** 

if no longer subject to Section 16. Form 4 or

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES** 

Estimated average burden hours per 0.5 response...

Form 5 obligations may continue. See Instruction

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 Person * MOORE A BRUCE JR			2. Issuer Name <b>and</b> Ticker or Trading Symbol HCA Healthcare, Inc. [HCA]	5. Relationship of Reporting Person(s) to Issuer  (Check all applicable)		
(Last)	(First)	(Middle)	3. Date of Earliest Transaction	(Check an applicable)		
ONE PARK P	LAZA		(Month/Day/Year) 01/30/2019	Director 10% Owner _X Officer (give title Other (specify below)  Group President - Service Line		
	(Street)		4. If Amendment, Date Original	6. Individual or Joint/Group Filing(Check		
NASHVILLE, TN 37203			Filed(Month/Day/Year)	Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person		

(City)	(State) (2	Zip) Table	e I - Noi	n-De	erivative S	ecuriti	ies Acq	uired, Disposed o	of, or Beneficial	ly Owned
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transa Code (Instr.		4. Securitin(A) or Dis (D) (Instr. 3, 4)	sposed	of	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
Common Stock	11/14/2018		G	V	17,415	, ,	\$ 0	34,830	I	By 2016 GRAT (Spouse, Trustee)
Common Stock	11/14/2018		G	V	17,415	A	\$ 0	25,904	I	By MAM Trust (Spouse, Trustee)
Common Stock	11/14/2018		G	V	17,415	D	\$ 0	17,415	I	By 2016 GRAT (Spouse, Trustee)

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Common Stock	11/14/2018	G	V	17,415	A	\$ 0	29,850	Ι	By MRM Trust (Spouse, Trustee)
Common Stock	11/14/2018	G	V	17,415	D	\$0	0	I	By 2016 GRAT (Spouse, Trustee)
Common Stock	11/14/2018	G	V	17,415	A	\$0	25,904	I	By TCM Trust (Spouse, Trustee)
Common Stock							231,990	D	
Common Stock							68,668	I	By 2017 GRAT
Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.									
				Person	s who	o resp	ond to the colle	ction of	SEC 1474

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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)

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. Transact Code (Instr. 8)	Secu Secu Acqu or D: (D)	urities uired ( ispose r. 3, 4,	(A) ed of	6. Date Exercisab Expiration Date (Month/Day/Year		7. Title and A Underlying S (Instr. 3 and	Secu
				Code V	I (A	<b>A</b> )	(D)	Date Exercisable	Expiration Date	Title	Ar or Nu of
Stock Appreciation Right	\$ 139.06	01/30/2019		A	18,0	660		01/30/2020(1)	01/30/2029	Common Stock	1

## **Reporting Owners**

Reporting Owner Name / Address	Relationships						
Transfer and the same	Director	10% Owner	Officer	Other			
MOORE A BRUCE JR			Group President - Service Line				

Reporting Owners 2

ONE PARK PLAZA NASHVILLE, TN 37203

## **Signatures**

/s/ Natalie Harrison Cline, Attorney-in-Fact

02/01/2019

\*\*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).
- (1) The stock appreciation rights vest in four equal annual installments beginning on January 30, 2020.

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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