Edgar Filing: TENET HEALTHCARE CORP - Form 4

TENET HEA Form 4 August 10, 20	LTHCARE COR	P								
FORM	Л							OMB A	PROVAL	
	FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549						OMB Number:	3235-0287		
Check this if no long subject to Section 16	er STATEM								Expires: January 31 200 Estimated average burden hours per	
Form 5 obligation may conti	Form 4 or Form 5 obligations may continue. See Instruction 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									
(Print or Type R	esponses)									
1. Name and Address of Reporting Person <u>*</u> Rittenmeyer Ronald A			2. Issuer Name and Ticker or Trading Symbol TENET HEALTHCARE CORP [THC]				5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
(Last) 1445 ROSS	(First) (M AVENUE, SUIT	(Mon	te of Earliest Tra hth/Day/Year) 19/2011	ansaction			X Director Officer (give below)		Owner er (specify	
			Amendment, Da (Month/Day/Year)	-			6. Individual or Joint/Group Filing(CheckApplicable Line)_X_ Form filed by One Reporting Person			
DALLAS, T	X 75202						Form filed by M Person	fore than One Re	porting	
(City)	(State) (Zip)]	Fable I - Non-D	erivative S	ecuriti	ies Acq	uired, Disposed of	, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)		ransaction Date 2A. Deemed onth/Day/Year) Execution Date, if any (Month/Day/Year)		3. 4. Securities Acquired Transaction(A) or Disposed of Code (D) (Instr. 8) (Instr. 3, 4 and 5) (A) or Code V Amount (D) Price			Securities Beneficially Owned	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		
Common Stock	08/09/2011		P	30,000	A	\$ 4.8	80,000	D		

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

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 Acquired, Disposed of, or Beneficially Owned

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

1. Title of Derivative Security (Instr. 3)	2. 3. Transaction Date Conversion or Exercise Price of Derivative Security			Code	5. orNumber of 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 Amount of Underlying Securities (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		
Repo	rting O	wners									
Reporting Owner Name / Address Director 10% Owner Officer Other											
1445 ROS	yer Ronald A SS AVENU , TX 75202	E, SUITE 1400	Х								

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Signatures

/s/ Jeffrey McFall, Attorney-in-fact for Ronald A. Rittenmeyer

**Signature of Reporting Person

Date

08/10/2011

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.