WHITMAN BURKE W

Form 4

November 24, 2004

FORM 4

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

OMB 3235-0287 Number:

Check this box if no longer subject to Section 16.

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

January 31, Expires: 2005

OMB APPROVAL

Form 4 or Form 5 obligations may continue.

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

burden hours per response... 0.5

Estimated average

See Instruction 1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person ** WHITMAN BURKE W			2. Issuer Name and Ticker or Trading Symbol TRIAD HOSPITALS INC [TRI]	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
(Last)	(First)	(Middle)	3. Date of Earliest Transaction	(Check all applicable)			
			(Month/Day/Year)	Director 10% Owner			
5800 TENNYSON PARKWAY			11/23/2004	_X_ Officer (give title Other (specify below) EVP, Chief Financial Officer			
	(04		4.164	,			
(Street)			4. If Amendment, Date Original	6. Individual or Joint/Group Filing(Check			
			Filed(Month/Day/Year)	Applicable Line) _X_ Form filed by One Reporting Person			
PLANO, TX 75024				Form filed by More than One Reporting Person			

(City)	(State) (Z	ip) Table l	I - Non-De	rivative Securities Acquired	Disposed of, or	Beneficially (Owned
1.Title of	2. Transaction Date	e 2A. Deemed	3.	4. Securities Acquired (A)	5. Amount of	6.	7. Nature
Security	(Month/Day/Year)	Execution Date, if	Transacti	oror Disposed of (D)	Securities	Ownership	of Indirect
(Instr. 3)		anv	Code	(Instr. 3, 4 and 5)	Beneficially	Form:	Beneficial

Security	(Monun Day/ I car)	Execution Date, ii	Transactional Disposed of (D)				Securities	Ownership	or maneet
(Instr. 3)		any	Code (Instr. 3, 4 and 5)				Beneficially	Form:	Beneficial
		(Month/Day/Year)	(Instr. 8)				Owned	Direct (D)	Ownership
							Following	or Indirect	(Instr. 4)
					(4)		Reported	(I)	
					(A)		Transaction(s)	(Instr. 4)	
			Code V	Amount	or (D)	Price	(Instr. 3 and 4)		
Common Stock	11/23/2004		M	50,000	A	\$ 11.5	146,778	D	
Common Stock	11/23/2004		S	100	D	\$ 36.3	146,678	D	
Common Stock	11/23/2004		S	49,900	D	\$ 36.0635	96,778	D	
Common							8,841	D	

Stock in Triad

Management

Stock

Ownership

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Purchase Plan

Common Stock in

Triad
Retirement

530 I By ESOP

Saving Plan ESOP Acct

Common Stock in Triad

Triad By Retirement 60 I 401(k)

Plan Common

Stock Fund

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

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SEC 1474

(9-02)

50,000 04/27/2001 06/10/2009

plan

Common

Stock

50.

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. Transa Code (Instr.	ectio	5. Number of tionDerivative Securities) Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		Underlying	7. Title and Amou Underlying Securi (Instr. 3 and 4)	
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amor Num of S	
Non-qualified										Common		

M

Reporting Owners

\$ 11.5

option (right

to buy)

Reporting Owner Name / Address	Relationships
Reporting Owner Name / Address	

11/23/2004

Director 10% Owner Officer Other

WHITMAN BURKE W 5800 TENNYSON PARKWAY PLANO, TX 75024

EVP, Chief Financial Officer

Reporting Owners 2

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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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