TRIAD HOSPITALS INC

Form 4 May 25, 2005

FORM 4

OMB APPROVAL

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

OMB 3235-0287 Number:

January 31,

Check this box if no longer subject to Section 16.

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

Expires: 2005 Estimated average burden hours per

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

SECURITIES

0.5 response...

See Instruction

1(b).

Employee

(Print or Type Responses)

1. Name and Address of Reporting Person * SHELTON JAMES D									5. Relationship of Reporting Person(s) to Issuer			
				TRIAD HOSPITALS INC [TRI]					(Check all applicable)			
	(Last)	(First)	(Middle)	3. Date of Earliest Transaction					(Check an applicable)			
5800 TENNYSON PARKWAY				05/24/2005					_X Director 10% Owner _X Officer (give title Other (specify elow)			
		(Street)		_				6.	6. Individual or Joint/Group Filing(Check			
									Applicable Line)			
	PLANO, TX 7	5024						_	K_ Form filed by On _ Form filed by Mo erson			
	(61.)	(0)	(B')					re	18011			
	(City)	(State)	(Zip)	Table I	- Non-Deri	vative Secu	rities .	Acquir	ed, Disposed of,	or Beneficiall	y Owned	
	1.Title of Security (Instr. 3)	2. Transaction (Month/Day/Y	ear) Execu	Deemed ution Date, if th/Day/Year)	Code (Instr. 8)	4. Securitie on(A) or Disp (Instr. 3, 4	oosed of and 5) (A) or	of (D)	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				Code V	Amount	(D)	Price				
	Stock	05/24/2005			A	100,000	A	<u>(1)</u>	350,740	D		
	Common Stock in HCA Inc. 1995 Management Stock Purchase Plan								443	D		
	Common Stock in HCA Inc.								104	D		

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Stock

Purchase Plan

Common

Stock in Triad

Retirement 705 I By ESOP

Savings Plan **ESOP Acct**

Common

Stock in Triad By 401(k) Retirement 156 Ι

Plan

Plan Stock

Fund

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

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02)required to respond unless the form displays a currently valid OMB control number.

> 9. Nu Deriv Secu Bene Own Follo Repo Trans (Insti

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

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exerc	cisable and	7. Title	and	8. Price of
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transac	tionNumber	Expiration D	ate	Amoun	t of	Derivative
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Underly	ying	Security
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8) Derivativ	e		Securiti	ies	(Instr. 5)
	Derivative				Securities	S		(Instr. 3	3 and 4)	
	Security				Acquired					
					(A) or					
					Disposed					
					of (D)					
					(Instr. 3,					
					4, and 5)					
								,	A	
									Amount	
						Date Expiration Exercisable Date	Expiration		Or	
								le Number of		
				Codo	V (A) (D)				Shares	
				Code	V (A) (D)			2	Shares	

Reporting Owners

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

2 Reporting Owners

Signatures

Donald P Fay, Attorney-in-fact 05/24/2005

**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) Restricted Stock granted under the Triad Amended and Restated Long-Term Incentive Plan.

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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