### Edgar Filing: Simpson Randy - Form 4

| August 18, 2017       OMB APPROVAL         FORM 4       UNITED STATES SECURITIES AND EXCHANGE COMMISSION<br>Vashington, D.C. 20549       OMB APPROVAL         Check this box<br>if no longer<br>subject to<br>Section 16.       STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF<br>SECURITIES       Expires: January 31,<br>Expires: January 31,<br>Expires: January 31,<br>Section 17(a) of the Public Utility Holding Company Act of 1935 or Section<br>10(b).       Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,<br>Section 17(a) of the Public Utility Holding Company Act of 1940<br>10(b).       States and track overage<br>burden hours per<br>response.       States and<br>the public Utility Holding Company Act of 1940<br>10(b).         (Print or Type Responses)       1. Name and Address of Reporting Person [<br>10(b).       2. Issuer Name and Ticker or Trading<br>Symbol<br>TENET HEALTHCARE CORP<br>[THC]       5. Relationship of Reporting Person(s) to<br>Issuer         (Casto<br>(Lasto)       (First)       (Middle)       3. Date of Partiest Transaction<br>(Month/Day/Year)       Other (give title<br>below)       Other oroperling Creacify<br>below)         (Cites (Street)       4. If Amendment, Date Original<br>Filed(Month/Day/Year)       6. Individual or Joint/Group Filing(Check<br>Applicable Line)       Applicable Line)         (City)       (State)       (Zip)       Table 1 - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned         (City)       (State)       (Zip)       Table 1 - Non-Derivative Securities Acquired, Disposed of (D)<br>(Month/Day/Year)       Scate of parescin(s)<br>(D) or Indirect Hemeficial<br>(Month/Day/Year)                                                                                                                                                                                                                                                                                                                                                                              | Form 4                                                      | •                                |                                                                                                                                                       |                                                                                                   |                                                                                                                 |                               |                                     |  |  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|----------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|-------------------------------|-------------------------------------|--|--|--|
| UNITED STATES STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF<br>if no longer<br>subject to<br>Section 16.       MmB:<br>Statement of Changes and Section 16.       3235-0287<br>Section 16.         STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF<br>Section 16.       Statement of Changes and Section 16.         Form 4 or<br>Form 5       Form 16.       Section 17(a) of the Public Utility Holding Company Act of 1934,<br>obligations<br>may continue.<br>See Instruction<br>1(b).         Section 17(a) of the Public Utility Holding Company Act of 1935 or Section<br>30(h) of the Investment Company Act of 1940<br>1(b).         I. Name and Address of Reporting Person!       2. Issuer Name and Ticker or Trading<br>Symbol<br>TENET HEALTHCARE CORP<br>(THC)       5. Relationship of Reporting Person(s) to<br>Issuer         I. Name and Address of Reporting Person?       2. Issuer Name and Ticker or Trading<br>Symbol       5. Relationship of Reporting Person(s) to<br>Issuer         C/O GLENVIEW CAPITAL<br>MANAGEMENT, LLC, 767 FIFTH<br>AVENUE, 44TH FLOOR         (Street)       4. If Amendment, Date Original<br>Filed(Month/Day/Year)       6. Individual or Joint/Group Filing(Check<br>Applicable Ling)<br>- Cole W ORK, NY 10153         (City)       (State)       (Zip)         Table 1 - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned<br>I.Title of<br>Security       2. Transaction Date, if<br>Transaction Date, if<br>Transaction Date, if<br>Transaction Acquired (A) or<br>Code V Amount (D)       6. Ownership<br>Proved       6. Ownership<br>Transaction(s)<br>(Instr. 4) <th>•</th> <th>ЛЛ</th> <th></th> <th></th> <th></th> <th>OMB A</th> <th>PPROVAL</th>                                                                                                                                                                                                                                                                                                                                                                                     | •                                                           | ЛЛ                               |                                                                                                                                                       |                                                                                                   |                                                                                                                 | OMB A                         | PPROVAL                             |  |  |  |
| if no longer<br>subject to<br>Section 16.<br>Form 4 or<br>Form 5 Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,<br>obligations<br>Section 17(a) of the Public Utility Holding Company Act of 1935 or Section<br>any continue.<br>Section 17(a) of the Public Utility Holding Company Act of 1935 or Section<br>Section 17(a) of the Public Utility Holding Company Act of 1940<br>1(b).<br>(Print or Type Responses)<br>1. Name and Address of Reporting Person <sup>1</sup> .<br>2. Issuer Name and Ticker or Trading<br>Symbol<br>TENET HEALTHCARE CORP<br>[THC]<br>(Last) (First) (Middle)<br>3. Date of Earliest Transaction<br>(Month/Day/Year)<br>C/O GLENVIEW CAPITAL<br>NANAGEMENT, LLC, 767 FIFTH<br>AVENUE, 44TH FLOOR<br>(Circy) (State) (Zip)<br>NEW YORK, NY 10153<br>(City) (State) (Zip)<br>NEW YORK, NY 10153<br>(City) (State) (Zip)<br>NEW YORK, NY 10153<br>(City) (State) (Zip)<br>Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned<br>1. Title of 2. Transaction Date 2A. Deemed<br>3. 4. Securities<br>Scurities Form filed by More than One Reporting Person<br>(City) (Month/Day/Year)<br>Security (Month/Day/Year)<br>(State) (Zip)<br>Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned<br>1. Title of 2. Transaction Date 2A. Deemed<br>3. 4. Securities<br>Scurities Form filed by More than One Reporting Person<br>(Month/Day/Year) (Instr. 3, 4 and 5)<br>(Month/Day/Year)<br>(Code V Amount (D) Price<br>(Instr. 3, and 4)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                             | UNITED                           | <b>GE COMMISSION</b>                                                                                                                                  | -                                                                                                 | 3235-0287                                                                                                       |                               |                                     |  |  |  |
| Form 5<br>obligations<br>may continue.<br>See Instruction<br>1(b).       Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,<br>of the Public Utility Holding Company Act of 1935 or Section<br>30(h) of the Investment Company Act of 1935 or Section<br>30(h) of the Investment Company Act of 1940         (Print or Type Responses)       30(h) of the Investment Company Act of 1940         1. Name and Address of Reporting Person <sup>+</sup><br>Simpson Randy       2. Issuer Name and Ticker or Trading<br>Symbol<br>TENET HEALTHCARE CORP<br>[THC]       5. Relationship of Reporting Person(s) to<br>Issuer         (Last)       (First)       (Middle)       3. Date of Earliest Transaction<br>(Month/Day/Year)       5. Relationship of Reporting Person(s) to<br>Issuer         C/O GLENVIEW CAPITAL<br>MANAGEMENT, LLC, 767 FIFTH<br>AVENUE, 44TH FLOOR       08/17/2017       Director<br>below)<br>See Remarks       10% Owner<br>Officer (give tile<br>Filed(Month/Day/Year)       10% Owner<br>Month/Day/Year)         NEW YORK, NY 10153       (Street)       4. If Amendment, Date Original<br>Filed(Month/Day/Year)       6. Individual or Joint/Group Filing(Check<br>Applicable Line)<br>-X. Form filed by More than One Reporting<br>Person         NEW YORK, NY 10153       Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned       6. Ownership 7. Nature of<br>FransactionAcquired (A) or<br>any<br>(Month/Day/Year)       3. 4. Securities<br>TransactionAcquired (A) or<br>Code V Amount (D) Price       6. Amount of<br>Following (Instr. 4) (Instr. 4)<br>(Instr. 4) (Instr. 4)                                                                                                                                                                                                                                                                                                                                                                                                                                                          | if no lo<br>subject<br>Section                              | nger<br>to <b>STATEN</b><br>16.  | STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF<br>SECURITIES                                                                                         |                                                                                                   |                                                                                                                 |                               |                                     |  |  |  |
| 1. Name and Address of Reporting Person.       2. Issuer Name and Ticker or Trading Symbol       5. Relationship of Reporting Person(s) to Issuer         Simpson Randy       Symbol       TENET HEALTHCARE CORP [THC]       (Check all applicable)         (Last)       (First)       (Middle)       3. Date of Earliest Transaction (Month/Day/Year)       Director                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | obligat<br>may co<br><i>See</i> Ins                         | ntinue.                          | Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,<br>Section 17(a) of the Public Utility Holding Company Act of 1935 or Section |                                                                                                   |                                                                                                                 |                               |                                     |  |  |  |
| Simpson Randy Symbol TENET HEALTHCARE CORP<br>[THC] (Last) (First) (Middle) 3. Date of Earliest Transaction (Month/Day/Year) 0.8/17/2017 C/O GLENVIEW CAPITAL<br>MANAGEMENT, LLC, 767 FIFTH<br>AVENUE, 44TH FLOOR 0.8/17/2017 See Remarks 6. Individual or Joint/Group Filing(Check Applicable Line)<br>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | (Print or Type                                              | e Responses)                     |                                                                                                                                                       |                                                                                                   |                                                                                                                 |                               |                                     |  |  |  |
| [THC]       (Check all applicable)         (Last)       (First)       (Midle)       3. Date of Earliest Transaction<br>(Month/Day/Year)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Simpson Randy Sy                                            |                                  |                                                                                                                                                       |                                                                                                   |                                                                                                                 | Reporting Per                 | rson(s) to                          |  |  |  |
| C/O GLENVIEW CAPITAL       (Month/Day/Year)       (Month/Day/Year)       Officer (give titleOther (specify below)         MANAGEMENT, LLC, 767 FIFTH       08/17/2017       See Remarks         AVENUE, 44TH FLOOR       4. If Amendment, Date Original Filed(Month/Day/Year)       6. Individual or Joint/Group Filing(Check Applicable Line)         NEW YORK, NY 10153       2. Transaction Date       2A. Deemed       3.       4. Securities       5. Amount of Securities       6. Ownership Form: Direct Indirect Ind                                                                                                                                                                                                                                          |                                                             |                                  |                                                                                                                                                       |                                                                                                   | (Check all applicable)                                                                                          |                               |                                     |  |  |  |
| NEW YORK, NY 10153       Filed(Month/Day/Year)       Applicable Line)       X_Form filed by One Reporting Person         (City)       (State)       (Zip)       Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned         1.Title of Security       2. Transaction Date (Month/Day/Year)       3.       4. Securities       5. Amount of Securities       6. Ownership       7. Nature of TransactionAcquired (A) or Code Disposed of (D)       Beneficially       (D) or Indirect       Beneficially       Indirect         (Instr. 3)       (Month/Day/Year)       (Month/Day/Year)       3.       4. Securities       5. Amount of Code Disposed of (D)       6. Ownership       7. Nature of Form: Direct         (Instr. 3)       (Month/Day/Year)       Code Disposed of (D)       Beneficially       (D) or Indirect       Beneficial         (A)       or       (Instr. 4)       (Instr. 4)       (Instr. 4)       Reported         (A)       or       (Instr. 3 and 4)       (Instr. 3 and 4)       (Instr. 3 and 4)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | C/O GLEM<br>MANAGE                                          | NVIEW CAPITAL<br>EMENT, LLC, 767 | (Month/<br>- 08/17/                                                                                                                                   | Day/Year)                                                                                         | Officer (give t<br>below)                                                                                       | title Oth<br>below)           |                                     |  |  |  |
| NEW YORK, NY 10153       Table I - Non-Derivative Securities       Form filed by More than One Reporting Person         (City)       (State)       (Zip)       Table I - Non-Derivative Securities       Acquired, Disposed of, or Beneficially Owned         1.Title of Security (Instr. 3)       2. Transaction Date (Month/Day/Year)       2A. Deemed Execution Date, if any (Month/Day/Year)       3.       4. Securities TransactionAcquired (A) or Code Disposed of (D)       5. Amount of Securities Beneficially (D) or Indirect Beneficial (D) or Indirect Beneficial (D) or Indirect Beneficial (D) or Indirect (D) or Indirect Beneficial (D) ownership Following (Instr. 4)       7. Nature of Code V Amount (D) Price                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | . ,                                                         |                                  |                                                                                                                                                       | -                                                                                                 | Applicable Line)                                                                                                | Applicable Line)              |                                     |  |  |  |
| 1.Title of<br>Security<br>(Instr. 3)       2. Transaction Date<br>(Month/Day/Year)       2A. Deemed<br>Execution Date, if<br>any<br>(Month/Day/Year)       3.       4. Securities<br>TransactionAcquired (A) or<br>Code       5. Amount of<br>Securities       6. Ownership<br>Form: Direct       7. Nature of<br>Indirect         0. Month/Day/Year)       Baneficial<br>(Month/Day/Year)       3.       4. Securities       5. Amount of<br>Securities       6. Ownership<br>Form: Direct       7. Nature of<br>Indirect         0. Month/Day/Year)       Month/Day/Year)       (Instr. 8)       (Instr. 3, 4 and 5)       Owned       (I)       Ownership<br>Following         (A)       or<br>Code       Or<br>Month       Or<br>Code       Or<br>Month       (Instr. 4)       (Instr. 4)         (A)       Or<br>Code       Or<br>Month       Or<br>Diposed       Or<br>Month       (Instr. 3 and 4)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | NEW YO                                                      | RK, NY 10153                     |                                                                                                                                                       |                                                                                                   | Form filed by M                                                                                                 |                               |                                     |  |  |  |
| Security (Month/Day/Year) Execution Date, if any Code Disposed of (D) Beneficially (Month/Day/Year) (Instr. 8) (Instr. 3, 4 and 5) Owned (I) Owned (I) Ownership Following (Instr. 4) (Instr. 4) (Instr. 4) (Instr. 4) Code V Amount (D) Price (Code V Amount (D) Price (Code V Amount (C) Price) (Code V Amount (C) Price ( | (City)                                                      | (State)                          | (Zip) Tal                                                                                                                                             | ole I - Non-Derivative Securities                                                                 | s Acquired, Disposed of                                                                                         | , or Beneficia                | lly Owned                           |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Security (Month/Day/Year) Execution Dates<br>(Instr. 3) any |                                  | Execution Date, if any                                                                                                                                | TransactionAcquired (A) or<br>Code Disposed of (D)<br>(Instr. 8) (Instr. 3, 4 and 5)<br>(A)<br>or | Securities For<br>Beneficially (I<br>Owned (I<br>Following (I<br>Reported<br>Transaction(s)<br>(Instr. 3 and 4) | orm: Direct<br>D) or Indirect | Indirect<br>Beneficial<br>Ownership |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Reminder: Ro                                                | eport on a separate line         | e for each class of sec                                                                                                                               |                                                                                                   |                                                                                                                 |                               |                                     |  |  |  |

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)

#### Edgar Filing: Simpson Randy - Form 4

| 1. Title of<br>Derivative<br>Security<br>(Instr. 3) | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security | 3. Transaction Date<br>(Month/Day/Year) | 4.<br>Transacti<br>Code<br>(Instr. 8) | 5. 6. Date Exercises<br>onNumber Expiration Date<br>of (Month/Day/Ye<br>Derivative<br>Securities<br>Acquired<br>(A) or<br>Disposed<br>of (D)<br>(Instr. 3,<br>4, and 5) |     | ate                 | 7. Titl<br>Amou<br>Under<br>Securi<br>(Instr. | int of<br>rlying | 8. Price of<br>Derivative<br>Security<br>(Instr. 5) | 9. Nu<br>Deriv<br>Secu<br>Bene<br>Owno<br>Follo<br>Repo<br>Trans<br>(Instr |  |
|-----------------------------------------------------|-----------------------------------------------------------------------|-----------------------------------------|---------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|---------------------|-----------------------------------------------|------------------|-----------------------------------------------------|----------------------------------------------------------------------------|--|
|                                                     |                                                                       |                                         | Code V                                | ,                                                                                                                                                                       | (D) | Date<br>Exercisable | Expiration<br>Date                            | Title            | Amount<br>or<br>Number<br>of<br>Shares              |                                                                            |  |

# **Reporting Owners**

| <b>Reporting Owner Name / Address</b>                                                                       |            | Relationships |           |         |             |  |  |
|-------------------------------------------------------------------------------------------------------------|------------|---------------|-----------|---------|-------------|--|--|
| r s                                                                                                         |            |               | 10% Owner | Officer | Other       |  |  |
| Simpson Randy<br>C/O GLENVIEW CAPITAL MANAGEMENT, LLC<br>767 FIFTH AVENUE, 44TH FLOOR<br>NEW YORK, NY 10153 |            |               |           |         | See Remarks |  |  |
| Signatures                                                                                                  |            |               |           |         |             |  |  |
| /s/ Randy<br>Simpson                                                                                        | 08/18/2017 |               |           |         |             |  |  |

\*\*Signature of Reporting Person

Si

## 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).

#### **Remarks:**

This Form 4 is being filed to report that on August 17, 2017, Mr. Simpson resigned from the Issuer's Board and is no longer su

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.