Edgar Filing: DAVITA HEALTHCARE PARTNERS INC. - Form 4

DAVITA HE Form 4 April 29, 201	ALTHCARE	PARTNER	S INC.									
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b). STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES 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							OMB Number: Expires: Estimated a burden hou response	irs per				
(Print or Type R 1. Name and Ad NEHRA JOH	ddress of Reportir	ng Person <u>*</u>	Symbol DAVITA	Name and ' A HEALT ERS INC.	HCARE		g	5. Relationship o Issuer (Che	f Reporting Per ck all applicable			
	(First) A HEALTHC, INC., 2000 16		3. Date of (Month/Da 04/25/20	-	nsaction			X Director Officer (give below)		b Owner er (specify		
				endment, Date Original nth/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting				
(City)	(State)	(Zip)	Table	I - Non-De	erivative S	Securi	ties Ac	Person quired, Disposed o	of. or Beneficial	llv Owned		
1.Title of Security (Instr. 3)	2. Transaction E (Month/Day/Ye	ar) Executionany		3. Transactio Code (Instr. 8)	4. Securi nAcquired Disposed (Instr. 3,	ties l (A) o l of (D	r)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	-		
Common Stock	04/25/2013			А	66	А	\$0	49,181	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. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	4. Transactio Code (Instr. 8)	5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	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		

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Reporting Owners

Reporting Owner Name / Addr	Relationships						
		Director	10% Owner	Officer	Other		
NEHRA JOHN M C/O DAVITA HEALTHCARE PART 2000 16TH STREET DENVER, CO 80202	INERS INC.	X					
Signatures							
/s/ Kim M. Rivera Attorney-in-Fact	04/29/2013						
<u>**</u> 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.