Nissenson Allen Form 4 May 15, 2013

## FORM 4

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

**SECURITIES** 

**OMB** Number:

3235-0287

Expires:

January 31, 2005

0.5

Estimated average burden hours per response...

**OMB APPROVAL** 

if no longer subject to Section 16. Form 4 or Form 5

Check this box

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 Responses)

1(b).

1. Name and Address of Reporting Person \* Nissenson Allen

2. Issuer Name and Ticker or Trading

Symbol

DAVITA HEALTHCARE PARTNERS INC. [DVA]

3. Date of Earliest Transaction

5. Relationship of Reporting Person(s) to Issuer

(Check all applicable)

(Last) (First) (Middle)

(Street)

(Month/Day/Year)

05/13/2013

Director 10% Owner X\_ Officer (give title Other (specify

below) Chief Medical Officer

C/O DAVITA HEALTHCARE PARTNERS INC., 2000 16TH

STREET

4. If Amendment, Date Original

Filed(Month/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

DENVER, CO 80202

(City)	(State)	(Zip) <b>Tabl</b>	le I - Non-I	Derivative	Secui	rities Acqu	ired, Disposed of	, or Beneficiall	y Owned
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transactic Code (Instr. 8)	4. Securi or(A) or D (Instr. 3,	ispose 4 and (A) or	d 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 Stock	05/13/2013		M	1,200	A	\$ 46.26	2,454	D	
Common Stock	05/13/2013		F	424	D	\$ 131.19	2,030	D	
Common Stock	05/13/2013		S	776	D	\$ 130.37	1,254	D	

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)

#### Edgar Filing: Nissenson Allen - Form 4

required to respond unless the form displays a currently valid OMB control number.

5. Number

6. Date Exercisable and

7. Title and Amou

Stock

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

3. Transaction Date 3A. Deemed

Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transacti	onof Derivative	Expiration Date		Underlying Secur	
Security	or Exercise		any	Code	Securities	(Month/Day/Year	r)	(Instr. 3 and	4)
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Acquired				
	Derivative				(A) or				
	Security				Disposed of				
					(D)				
					(Instr. 3, 4,				
					and 5)				
									Am
							Б		or
						Date Exercisable	Expiration	Title	Nui
							Date		of
				Code V	(A) (D)				Sha
Ctools									
Stock	<b>.</b> 46.36	05/10/0010		3.5	1.000	02/02/2010(1)	02/02/2014	Common	4
Appreciation	\$ 46.26	05/13/2013		M	1,200	03/02/2010(1)	03/02/2014	Stools	1,

4.

## **Reporting Owners**

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

Nissenson Allen C/O DAVITA HEALTHCARE PARTNERS INC. 2000 16TH STREET DENVER, CO 80202

Chief Medical Officer

## **Signatures**

1. Title of

Right

/s/ Kim M. Rivera Attorney-in-Fact 05/14/2013

\*\*Signature of Reporting Person Da

## **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).

Stock Appreciation Right, pursuant to the DaVita Inc. 2002 Equity Compensation Plan, (as amended and restated, the "DaVita Inc. 2011 (1) Incentive Award Plan," effective June 6, 2011), which vested 25% on the first anniversary of the grant date, 8.33% on the 20th month following the grant date, and 8.33% every four months thereafter.

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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