## CAMPBELL VICTOR L

Form 4

Common

Stock

November 13, 2017

November	13, 2017								
FORM	ЛД							OMB A	APPROVAL
	UNITED	STATES SECU W	JRITIES ashingtoi				OMMISSION	OMB Number:	3235-0287
Check t if no lor subject Section	nger to STATEM 16.	STATEMENT OF CHANGES IN BENEFICIAL OWN SECURITIES					Estimated burden ho		urs per
Form 4 Form 5 obligatimay con See Inst 1(b).	Filed put ons ntinue. Section 170	rsuant to Section (a) of the Public 30(h) of the	Utility Ho	olding Co	ompa	ny Act of	1935 or Section	response	0.5
(Print or Type	Responses)								
1. Name and CAMPBEI					5. Relationship of Reporting Person(s) to Issuer				
				_		J	(Chec	k all applicab	le)
(Last)	(First) (		of Earliest	Transactio	n		Dimenten	10	Over on
			(Month/Day/Year) 11/08/2017				Director 10% OwnerX_ Officer (give title Other (specify below) SVP		
	(Street)		nendment, I Ionth/Day/Ye	_	nal		6. Individual or Jo Applicable Line) _X_ Form filed by C		
NASHVIL	LE, TN 37203						Form filed by M Person	Iore than One F	Reporting
(City)	(State)	(Zip) Ta	ble I - Non-	-Derivativ	e Sec	urities Acqu	iired, Disposed of	, or Beneficia	ally 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 Acquired (A) Transaction Disposed of (D) Code (Instr. 3, 4 and 5) (Instr. 8)			Securities Beneficially Owned Following	Ownership Indire Form: Benef Direct (D) Owne or Indirect (Instr.	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
			Code V	Amount	(A) or (D)	Price	Reported Transaction(s) (Instr. 3 and 4)	(I) (Instr. 4)	
Common Stock	11/08/2017		S	8,000	D	\$ 78.0019	34,478	I	By AWC 2012 Trust (Spouse, Trustee)
Common Stock							127,275	D	

By MNC 2012 Trust

(Spouse, Trustee)

42,478

33,196

I

I

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Common Stock			By Trust f/b/o AWC (Spouse, Trustee)
Common Stock	33,196	I	By Trust f/b/o MNC (Spouse, Trustee)
Common Stock	65,629	I	By Trust (Daughter, Trustee)

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.

SEC 1474

(9-02)

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 Exercisable and	7. Title and Amount of	8. Price of	9. Nu
Derivative Conversion (Month/Day/Year) Execution Date, if TransactionNumber Expiration Date	7 tilloulit of	Derivative	Deriv
Security or Exercise any Code of (Month/Day/Year)	Underlying	Security	Secui
(Instr. 3) Price of (Month/Day/Year) (Instr. 8) Derivative	Securities	(Instr. 5)	Bene
Derivative Securities	(Instr. 3 and 4)		Owne
Security Acquired			Follo
(A) or			Repo
Disposed			Trans
of (D)			(Instr
(Instr. 3,			
4, and 5)			
	Amount		
Date Expiration	or Title Number		
Exercisable Date	of		
Code V (A) (D)	Shares		

## **Reporting Owners**

Reporting Owner Name / Address	Relationships					
<b>rg</b> -	Director	10% Owner	•	Other		
CAMPBELL VICTOR L						
ONE PARK PLAZA			SVP			
NASHVILLE, TN 37203						
Signatures						

/s/ Natalie Harrison Cline, Attorney-in-Fact

Reporting Owners 2

\*\*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).
- The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$78.00 to \$78.0175, inclusive. The reporting person undertakes to provide to HCA Healthcare, Inc., any security holder of HCA Healthcare, Inc., or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares sold at each separate price within the range set forth in this footnote.

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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