

DAVITA INC  
Form 3  
October 30, 2008

**FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION**  
**Washington, D.C. 20549**

OMB APPROVAL

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**INITIAL STATEMENT OF 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

(Print or Type Responses)

|                                           |         |                                      |                                                                                                                                                                                                                         |                                                      |
|-------------------------------------------|---------|--------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|
| 1. Name and Address of Reporting Person * |         | 2. Date of Event Requiring Statement | 3. Issuer Name and Ticker or Trading Symbol                                                                                                                                                                             |                                                      |
| Â Shapiro David T                         |         | (Month/Day/Year)                     | DAVITA INC [DVA]                                                                                                                                                                                                        |                                                      |
| (Last)                                    | (First) | (Middle)                             | 4. Relationship of Reporting Person(s) to Issuer                                                                                                                                                                        | 5. If Amendment, Date Original Filed(Month/Day/Year) |
|                                           |         | 10/22/2008                           |                                                                                                                                                                                                                         |                                                      |
| 601 HAWAII ST.                            |         |                                      | (Check all applicable)                                                                                                                                                                                                  |                                                      |
| (Street)                                  |         |                                      | <input type="checkbox"/> Director <input type="checkbox"/> 10% Owner<br><input checked="" type="checkbox"/> Officer <input type="checkbox"/> Other<br>(give title below)    (specify below)<br>Chief Compliance Officer |                                                      |
| EL SEGUNDO,Â CAÂ 90245                    |         |                                      | 6. Individual or Joint/Group Filing(Check Applicable Line)                                                                                                                                                              |                                                      |
| (City)                                    | (State) | (Zip)                                | <input checked="" type="checkbox"/> Form filed by One Reporting Person<br><input type="checkbox"/> Form filed by More than One Reporting Person                                                                         |                                                      |

**Table I - Non-Derivative Securities Beneficially Owned**

| 1. Title of Security (Instr. 4) | 2. Amount of Securities Beneficially Owned (Instr. 4) | 3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5) | 4. Nature of Indirect Beneficial Ownership (Instr. 5) |
|---------------------------------|-------------------------------------------------------|----------------------------------------------------------|-------------------------------------------------------|
| Common Stock                    | 1,000 <sup>(1)</sup>                                  | D                                                        | Â                                                     |

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly. SEC 1473 (7-02)

**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 Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)**

| 1. Title of Derivative Security (Instr. 4) | 2. Date Exercisable and Expiration Date (Month/Day/Year) | 3. Title and Amount of Securities Underlying Derivative Security (Instr. 4) | 4. Conversion or Exercise Price of Derivative Security | 5. Ownership Form of Derivative Security: Direct (D) or Indirect | 6. Nature of Indirect Beneficial Ownership (Instr. 5) |
|--------------------------------------------|----------------------------------------------------------|-----------------------------------------------------------------------------|--------------------------------------------------------|------------------------------------------------------------------|-------------------------------------------------------|
|                                            | Date Exercisable    Expiration Date                      | Title    Amount or Number of                                                |                                                        |                                                                  |                                                       |

|                           |            |            |              |                       |          |            |   |
|---------------------------|------------|------------|--------------|-----------------------|----------|------------|---|
|                           |            |            |              | Shares                |          | (I)        |   |
|                           |            |            |              |                       |          | (Instr. 5) |   |
| Stock Appreciation Rights | 03/17/2009 | 03/17/2013 | Common Stock | 20,000 <sup>(2)</sup> | \$ 42.48 | D          | Â |

## Reporting Owners

| Reporting Owner Name / Address                            | Relationships |           |                                  |       |
|-----------------------------------------------------------|---------------|-----------|----------------------------------|-------|
|                                                           | Director      | 10% Owner | Officer                          | Other |
| Shapiro David T<br>601 HAWAII ST.<br>EL SEGUNDO, CA 90245 | Â             | Â         | Â Chief<br>Compliance<br>Officer | Â     |

## Signatures

/s/ Corinna B. Polk  
Attorney-in-Fact

10/30/2008

\_\_Signature of Reporting Person

Date

## Explanation of Responses:

- \* If the form is filed by more than one reporting person, *see* Instruction 5(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) Grant of Restricted Stock Units on 3/17/08 which vest 33.33% on the third anniversary of the grant date and 11.11% every four months thereafter.
  - (2) Stock Appreciation Right, which vests 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.