Edgar Filing: HCA INC/TN - Form 4

HCA INC/TN Form 4 May 02, 2005 FORM 4 Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. <i>See</i> Instruction 1(b).								OMB Number: Expires: Estimated a burden hou response	•		
(Print or Type	Responses)										
1. Name and Address of Reporting Person <u>*</u> HOUSER FRANK M MD			2. Issuer Name and Ticker or Trading Symbol HCA INC/TN [(HCA)]					5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
(Last) (First) (Middle) ONE PARK PLAZA			3. Date of Earliest Transaction (Month/Day/Year) 04/28/2005					Director 10% Owner X_ Officer (give title Other (specify below) below) SVP-Quality & Medical Director			
				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 Person			
(City)	(State)	(Zip)	Tal	ole I - Noi	n-Derivativ	e Secu	rities Acq	uired, Disposed of,	or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deem Execution any (Month/D	Date, if	3. Transact Code (Instr. 8)	tiotor Dispo (Instr. 3,)	(A) or) 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	04/28/2005			М	45,000		\$ 35.816	8 83,400	D		
Common Stock	04/28/2005			S	45,000	D	\$ 55	38,400	D		
Common Stock								180	Ι	By 401(k)	
Common Stock								1,760	Ι	By Daughter	

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)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transactio Code (Instr. 8)	5. Number of orDerivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	Expiration Date		7. Title and Amou Underlying Secur (Instr. 3 and 4)	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Am or Nu of S
Non-Qualified Stock Option (right to buy)	\$ 35.8168	04/28/2005		М	45,000	02/08/2001	02/08/2006	Common Stock	45

Reporting Owners

Reporting Owner Name / Address	Relationships						
Reporting O when Funite / Funitess	Director	10% Owner	Officer	Other			
HOUSER FRANK M MD ONE PARK PLAZA NASHVILLE, TN 37203			SVP-Quality & Medical Director				
Signatures							
By: /s/ John M. Franck II, Attorney-in-Fact		05/02/2005					

**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.