TRIAD HOSPITALS INC

Form 4

March 09, 2005

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:

5. Relationship of Reporting Person(s) to

Issuer

January 31, 2005

0.5

Estimated average burden hours per

OMB APPROVAL

response...

subject to Section 16. Form 4 or Form 5 obligations may continue.

Check this box

if no longer

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

2. Issuer Name and Ticker or Trading

Symbol

1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person *

MARZOCCO NICHOLAS

See Instruction

			TRIAD 1	TRIAD HOSPITALS INC [TRI]				(Check all applicable)			
(Last) (First) (Middle) 5800 TENNYSON PARKWAY			(Month/Da	3. Date of Earliest Transaction (Month/Day/Year) 03/09/2005				Director 10% Owner Officer (give title Other (specify below) Division President			
	(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			
PLANO, TX 75024								Person			
(City)	(State)	(Zip	Table	I - Non-De	rivative Se	curitie	es Acquire	d, Disposed of, o	r Beneficially	Owned	
1.Title of Security (Instr. 3)		/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	Code	owr Dispos (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 in HCA Inc. 1995 Management Stock Purchase Plan							43.040	132	D		
Common Stock in								21	D		

Edgar Filing: TRIAD HOSPITALS INC - Form 4

HCA Inc. Employee Stock

Purchase

Plan

Common

Stock in

Triad

Retirement 707 Ι By ESOP

Savings Plan

ESOP

Account

Common

Stock in Triad

By 62 Ι 401(k) Retirement plan

SavingsPlan Stock Fund

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

> 9. Nu Deriv Secu Bene Own Follo Repo Trans (Insti

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 Exerc	cisable and	7. Titl	e and	8. Price of
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transact	ionNumber	Expiration D	ate	Amou	nt of	Derivative
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Under	lying	Security
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Securi	ities	(Instr. 5)
	Derivative				Securities			(Instr.	3 and 4)	
	Security				Acquired					
	•				(A) or					
					Disposed					
					of (D)					
					(Instr. 3,					
					4, and 5)					
									Amount	
						Date	Expiration		or	
						Exercisable Date		Number		
								of		
				Code V	(A) (D)				Shares	

Reporting Owners

	Relationships
Panarting Owner Name / Address	

Officer Director 10% Owner Other

Reporting Owners 2 Edgar Filing: TRIAD HOSPITALS INC - Form 4

MARZOCCO NICHOLAS 5800 TENNYSON PARKWAY PLANO, TX 75024 Division President

Signatures

Donald P Fay, Attorney-in-fact 03/09/2005

**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.

Signatures 3