HCA Holdin	ngs, Inc.										
Form 4											
February 17	, 2017										
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION								OMB APPROVAL			
CURIVI 4 UNITED STATES SECURITIES AND EXCHA Washington, D.C. 20549							NGE C	COMMISSION	OMB Number:	3235-0287	
Check the check							Expires:	January 31,			
subject t		F CHANGES IN BENEFICIAL OW					NERSHIP OF	Estimated a	2005 verage		
Section	SECURITIES						burden hour	•			
Form 5			~ • •						response	0.5	
Form 5 obligations 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											
may cor	tinue. Section 1			•	•	· ·	•		1		
See Inst	ruction	30(n)) of the In	vestment	Compar	iy Ac	21 01 194	FO			
1(b).											
(Print or Type	Responses)										
1. Name and Address of Reporting Person _ 2. Issuer Name and Ticker or Trading 5. Relationship of 1								Reporting Pers	on(s) to		
Cuffe Mich			2. Issue Symbol	2. Issuer Name and Ticker or Trading				5. Relationship of Reporting Person(s) to Issuer			
	•	oldings, I	nc. [HC.	A1							
(Last)	(First)	st) (Middle) 3. Date of Earliest Transaction				(Checl	(Check all applicable)				
(Last)	(1 1131)	(windune)	3. Date of Earliest Transaction (Month/Day/Year)					Director 10% Owner			
ONE PARI	K PLAZA			02/15/2017				X Officer (give title Other (specify			
						below) below) President-Physician Services					
	(Street)		4 If Ame	endment Da	te Origina	1			-		
				4. If Amendment, Date Original Filed(Month/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line)			
X Form filed b							_X_ Form filed by C	One Reporting Person			
NASHVILLE, TN 37203 Form filed by More than One Reporting Person								porting			
(City)	(State)	(Zip)	Tab	le I - Non-D) erivative	Secur	rities Acq	uired, Disposed of	, or Beneficial	y Owned	
1.Title of	2. Transaction D	ate 2A. Deer	med	3.	4. Securi	ties A	cquired	5. Amount of	6.	7. Nature of	
Security	(Month/Day/Yea	r) Executio	on Date, if	Transactic	on(A) or D	ispose	d of (D)	Securities	Ownership	Indirect	
(Instr. 3)		any (Month/	Dou/Voor)	Code (Instr. 3, 4 and 5) (Instr. 3 , 4 and 5)			5)	Beneficially	Form: Direct Benefici		
		(Monun)	Day/Year)	(Instr. 8)				Owned Following	(D) or Indirect (I)	Ownership (Instr. 4)	
						(A)		Reported	(Instr. 4)		
						or		Transaction(s) (Instr. 3 and 4)			
G				Code V	Amount	(D)	Price	(msu. 5 and 4)			
Common	02/15/2017			M (1)	2,150	А	\$	11,097.0681	D		
Stock							17.33				
Common	02/15/2017			S (1)	2,150	D	\$	8,947.0681	D		
Stock	52,10,2017			~_	2,100	5	83.75	-,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	2		

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.

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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)			ate	7. Title and <i>J</i> Underlying S (Instr. 3 and	Securitie
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amou or Numb of Shares
Non-Qualified Stock Option (right to buy)	\$ 17.33	02/15/2017		M <u>(1)</u>	2,150	(2)	11/02/2021	Common Stock	2,15

Reporting Owners

Reporting Owner Name / Address	Relationships						
1	Director	10% Owner	Officer	Other			
Cuffe Michael S. ONE PARK PLAZA NASHVILLE, TN 37203			President-Physician Services				
Signatures							
/s/ Kevin A. Ball, Attorney-in-Fact		02/17/2017					
**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).
- (1) The option exercises and sales reported in this Form 4 were effected pursuant to a Rule 10b5-1 trading plan adopted by the reporting $\frac{1}{person}$.
- (2) The option vested in two equal annual installments beginning on November 2, 2014.

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.