## Edgar Filing: ROPER WILLIAM L - Form 4

ROPER WIL	LIAM L												
Form 4 April 02, 201	3												
										OMB APPROVAL			
	<b>UNITED STATES SECURITIES AND EXCHANGE COMMISSION</b> Washington, D.C. 20549							COMMISSION	OMB Number:	3235-0287			
Check this if no longe subject to Section 16	er STATE	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES									Expires: January 31 2005 Estimated average burden hours per		
Form 4 or Form 5 obligations may continue. See Instruction 1(b). Form 5 obligations may continue. See Instruction Total and the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940								•					
(Print or Type R	esponses)												
ROPER WILLIAM L Syn			Symbol DAVITA	2. Issuer Name <b>and</b> Ticker or Trading Symbol DAVITA HEALTHCARE PARTNERS INC. [DVA]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
				Earliest Transaction ay/Year)					_X_Director10% Owner Officer (give titleOther (specify below)below)				
				ndment, Date Original th/Day/Year)					6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person				
DENVER, C	O 80202								Form filed by I Person				
(City)	(State)	(Zip)	Table	I - Non	-De	rivative S	Securi	ties Ac	quired, Disposed o	of, or Beneficial	lly Owned		
1.Title of Security (Instr. 3)	2. Transaction D (Month/Day/Yea	ar) Executio any		Code (Instr. 8	ction 8)	4. Securi Acquired Disposed (Instr. 3,	(A) of of (D 4 and (A) or	) 5)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)			
Common Stock	03/31/2013			Code A <u>(1)</u>		Amount 46	(D) A	Price \$ 0	6,913	D			

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)

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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. Transactic Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Titl Amou Under Secur (Instr.	unt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Own Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

## **Reporting Owners**

<b>Reporting Owner Name / Address</b>		Relationships						
	Director	10% Owner	Officer	Other				
ROPER WILLIAM L C/O DAVITA HEALTHCARE PARTNE 2000 16TH STREET DENVER, CO 80202	ERS INC.	X						
Signatures								
/s/ Kim M. Rivera Attorney-in-Fact	04/02/2013							
<u>**Signature of Reporting Person</u>	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) Grant of Restricted Stock Units, pursuant to the 2011 Incentive Award Plan, which are issuable on 3/31/2014.

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.