

TENET HEALTHCARE CORP
 Form 3
 November 18, 2002

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| FORM 3 | <p>UNITED STATES SECURITIES AND EXCHANGE COMMISSION</p> <p>Washington, D.C. 20549</p> <p>INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES</p> <p>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(f) of the Investment Company Act of 1940</p> | <p>OMB APPROVAL</p> <hr/> <p>OMB Number: 3235-0104 Expires: December 31, 2001 Estimated average burden hours per response. 0.5</p> |
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|---|---|--|--|
| <p>1. Name and Address of Reporting Person* Farber, Stephen D</p> <hr/> <p>(Last) (First) (Middle)</p> <p>3820 State Street</p> <hr/> <p>(Street)</p> <p>Santa Barbara, CA 93105</p> <hr/> <p>(City) (State) (Zip)</p> | <p>2. Date of Event Requiring Statement (Month/Day/Year)</p> <hr/> <p>November 07, 2002</p> <hr/> <p>3. I.R.S. Identification Number of Reporting Person, if an entity (voluntary)</p> | <p>4. Issuer Name and Ticker or Trading Symbol Tenet Healthcare Corporation THC</p> <hr/> <p>5. Relationship of Reporting Person(s) to Issuer</p> <p>(Check all applicable)</p> <p>____ Director _____</p> <p>10% Owner _____</p> <p><input checked="" type="checkbox"/> Officer _____</p> <p>Other _____</p> <p>Officer/Other Description Chief Financial Officer and Treasurer</p> | <p>6. If Amendment, Date of Original (Month/Day/Year)</p> <hr/> <p>7. Individual or Joint/Group Filing (Check Applicable Line)</p> <p><input checked="" type="checkbox"/> Individual Filing</p> <p><input type="checkbox"/> Joint/Group Filing</p> |
|---|---|--|--|

Table I - Non-Derivative Securities Beneficially Owned

| 1. Title of Security (Instr. 4) | 2. Amount of Securities Beneficially Owned (Instr. 4) | 3. Ownership Form : (D) Direct (I) Indirect (Instr. 5) | 4. Nature of Beneficial Ownership (Instr. 5) |
|---------------------------------|---|--|--|
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Form 3 (continued)

Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

| 1. Title of Derivative Security (Instr. 4) | 2. Date Exercisable(DE) and Expiration Date(ED) | 3. Title and Amount of of Underlying Security (Instr. 4) | 4. Conversion or Exercise Price | 5. Ownership Form (D) Direct or (I) Indirect (Instr. 5) | 6. Nature of Indirect Beneficial Ownership (Instr. 5) |
|--|---|--|---------------------------------|---|---|
| | _____ (DE) (ED) | | | | |

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|------------------------------|---------------------------|---------------------------|---------|---|--|
| 1999 B Option (Right to Buy) | Vest Ratably 03/24/2009 | Common Stock - 75,000.00 | \$12.50 | D | |
| 2000 B Option (Right to Buy) | Vest Ratably 12/05/2010 | Common Stock - 112,500.00 | \$27.21 | D | |
| 2000 D Option (Right to Buy) | Vest Ratably 02/18/2010 | Common Stock - 25,000.00 | \$13.08 | D | |
| 2001 D Option (Right to Buy) | Vest Ratably 12/04/2011 | Common Stock - 123,750.00 | \$40.41 | D | |
| | | | | | |

Explanation of Responses :

** Intentional misstatements or omissions of facts _____
constitute Federal Criminal Violations.

See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a). ** Signature of Reporting Person
Date

Note: File three copies of this Form, one of
which must be manually signed. If space is
insufficient,

Stephen D Farber

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.

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