#### Edgar Filing: HANKINS ROBERT SAMUEL JR - Form 4

#### HANKINS ROBERT SAMUEL JR

Form 4

January 30, 2006

# 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:

January 31, 2005

0.5

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**OMB APPROVAL** 

subject to Section 16. Form 4 or Form 5 obligations

may continue.

See Instruction

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

1(b).

(Print or Type Responses)

1. Name and A HANKINS I	EL JR Symbol	2. Issuer Name and Ticker or Trading Symbol HCA INC/TN [(HCA)]				5. Relationship of Reporting Person(s) to Issuer  (Check all applicable)				
	HCA IN									
(Last)	(First) (M	3. Date of	3. Date of Earliest Transaction							
		(Month/D	ay/Year)				Director		6 Owner	
ONE PARK	PLAZA	01/26/20	01/26/2006				_X_ Officer (give title Other (specify below) CFO-Outpatient Services Group			
	(Street)	4. If Amer	4. If Amendment, Date Original				6. Individual or Joint/Group Filing(Check			
NASHVILL	E, TN 37203	Filed(Mon	Filed(Month/Day/Year)				Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person			
(City)	(State) (	Zip) Table	e I - Non-D	erivative S	Securi	ties Ac	quired, Disposed	of, or Beneficia	lly Owned	
1.Title of Security (Instr. 3)	rity (Month/Day/Year) Execution any (Month)			4. Securities onAcquired (A) or Disposed of (D) (Instr. 3, 4 and 5)  (A) or Amount (D) Price			Securities Form: Direct Beneficially (D) or Owned Indirect (I)		7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Common Stock	01/26/2006		A <u>(1)</u>	4,500	A	\$0	25,353	D		

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.

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. Number out of Derivativ Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount Underlying Securitie (Instr. 3 and 4)	
				Code V	(A) (D	Date Exercisable	Expiration Date	Title	Amour or Number of Shares
Non-Qualified Stock Option (right to buy)	\$ 49.9	01/26/2006		A(2)	4,500	(3)	01/26/2016	Common Stock	4,50

## **Reporting Owners**

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

HANKINS ROBERT SAMUEL JR ONE PARK PLAZA NASHVILLE, TN 37203

**CFO-Outpatient Services Group** 

## **Signatures**

By: /s/ Colleen E. Haley, Attorney-in-Fact

01/30/2006

\*\*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) Restricted shares granted pursuant to the HCA 2005 Equity Incentive Plan which includes tax withholding rights. One-fifth of the restricted shares vest on each of the first, second, third, fourth and fifth anniversary of the date of grant (1/26/06).
- (2) Right to buy pursuant to the HCA 2005 Equity Incentive Plan which includes tax withholding rights.
- (3) The options vest in four equal annual installments beginning on January 26, 2007.

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.

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