

TRIAD HOSPITALS INC
Form 3
June 02, 2005

FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

OMB APPROVAL

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INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

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

(Print or Type Responses)

1. Name and Address of Reporting Person *		2. Date of Event Requiring Statement	3. Issuer Name and Ticker or Trading Symbol	
Â HURLEY REBECCA		(Month/Day/Year)	TRIAD HOSPITALS INC [TRI]	
(Last)	(First)	(Middle)	06/01/2005	
5800 TENNYSON PARKWAY			4. Relationship of Reporting Person(s) to Issuer	5. If Amendment, Date Original Filed(Month/Day/Year)
(Street)			(Check all applicable)	
PLANO,Â TXÂ 75024			<input type="checkbox"/> Director	<input type="checkbox"/> 10% Owner
(City)	(State)	(Zip)	<input checked="" type="checkbox"/> Officer	<input type="checkbox"/> Other
			(give title below)	(specify below)
			SVP, Gen'l Counsel, Secretary	
				6. Individual or Joint/Group Filing(Check Applicable Line)
				<input checked="" type="checkbox"/> Form filed by One Reporting Person
				<input type="checkbox"/> Form filed by More than One Reporting Person

Table I - Non-Derivative Securities Beneficially Owned

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
Common Stock in Triad Management Stock Purchase Plan	101	D	Â
Common Stock in Triad Retirement Savings Plan ESOP Acct	111	I	By ESOP

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

SEC 1473 (7-02)

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 Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)	3. Title and Amount of Securities Underlying Derivative Security	4. Conversion or Exercise	5. Ownership Form of	6. Nature of Indirect Beneficial Ownership
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	Date Exercisable	Expiration Date	(Instr. 4) Title	Amount or Number of Shares	Price of Derivative Security	Derivative Security: Direct (D) or Indirect (I) (Instr. 5)	(Instr. 5)
Non-qualified Stock Option (right to buy)	Â (1)	02/07/2012	Common Stock	18,000	\$ 32.15	D	Â
Non-qualified Stock Option (right to buy)	Â (2)	02/06/2013	Common Stock	7,500	\$ 25.94	D	Â
Non-qualified Stock Option (right to buy)	Â (3)	02/04/2014	Common Stock	14,000	\$ 35.52	D	Â
Non-qualified Stock Option (right to buy)	Â (4)	04/23/2014	Common Stock	6,000	\$ 34.75	D	Â
Non-qualified Stock Option (right to buy)	Â (5)	02/03/2015	Common Stock	20,000	\$ 42.51	D	Â

Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
HURLEY REBECCA 5800 TENNYSON PARKWAY PLANO, TX 75024	Â	Â	Â SVP, Gen'l Counsel, Secretary	Â

Signatures

Rebecca Hurley 06/01/2005

**Signature of Reporting Person

Date

Explanation of Responses:

* If the form is filed by more than one reporting person, see Instruction 5(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 vests in four equal annual installments, commencing February 7, 2003.
- (2) The option vests in four equal annual installments, commencing February 6, 2004.
- (3) The option vests in four equal annual installments, commencing February 4, 2005.
- (4) The option vests in four equal annual installments, commencing April 23, 2005.
- (5) The option vests in four equal annual installments, commencing February 3, 2006.

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.