Ruff Gary K. Form 4 March 08, 2011

FORM 4

OMB APPROVAL

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

OMB 3235-0287 Number:

Check this box if no longer subject to Section 16.

January 31, Expires: 2005

Form 4 or Form 5 obligations STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES**

Estimated average burden hours per response... 0.5

may continue. See Instruction

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 Address of Reporting Person *

2. Issuer Name and Ticker or Trading

5. Relationship of Reporting Person(s) to Issuer

Ruff Gary K.

Symbol TENET HEALTHCARE CORP

[THC]

(Check all applicable)

(Last)

(City)

(Middle)

3. Date of Earliest Transaction

Director 10% Owner X_ Officer (give title Other (specify

(First) 1445 ROSS AVENUE, SUITE 1400

(State)

(Month/Day/Year) 03/06/2011

SVP and General Counsel

(Zip)

Applicable Line)

(Street) 4. If Amendment, Date Original Filed(Month/Day/Year)

> _X_ Form filed by One Reporting Person Form filed by More than One Reporting

6. Individual or Joint/Group Filing(Check

Person

Table I. Non Donivetive Conveities Assured Disposed of an Doneficially Or

below)

DALLAS, TX 75202

(,)	()	Table	e I - Non-D	erivative i	Securi	ities Acq	juirea, Disposea (of, or Beneficial	lly Owned
1.Title of Security	2. Transaction Date (Month/Day/Year)		3. Transactio	4. Securi		•	5. Amount of Securities	6. Ownership Form: Direct	7. Nature of Indirect
(Instr. 3)	(any	Code	(D)		Beneficially	(D) or	Beneficial	
		(Month/Day/Year)	(Instr. 8)	(Instr. 3, 4 and 5)		Owned	Indirect (I)	Ownership	
							Following	(Instr. 4)	(Instr. 4)
					(A)		Reported		
				or		Transaction(s) (Instr. 3 and 4)			
			Code V	Amount	(D)	Price	(Ilisti. 3 aliu 4)		
Common Stock	03/06/2011		A	5,034	A	\$0	62,498	D	
Common Stock	03/06/2011		F	1,332 (1)	D	\$ 7.18	61,166	D	

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

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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. Transactic Code (Instr. 8)	Transaction Derivative Code Securities		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
2008 March Restricted Units	(2)	03/06/2011		D	5,034	(2)	(2)	Common Stock	5,034	\$

Reporting Owners

Reporting Owner Name / Address				
	Director	10% Owner	Officer	Other

Ruff Gary K. 1445 ROSS AVENUE SUITE 1400 DALLAS, TX 75202

SVP and General Counsel

Signatures

/s/ Kristina A. Mack, Attorney-in-Fact for Gary K. Ruff

03/08/2011

**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) Shares withheld for payment of taxes upon vesting of restricted units in accordance with Rule 16b-3.
- As previously reported, on March 6, 2008, the reporting person received a grant of restricted units that vest ratably on each of the first, second and third anniversaries of the date of grant. The third anniversary occurred on March 6, 2011, resulting in the vesting and
- (2) second and third anniversaries of the date of grant. The third anniversary occurred on March 6, 2011, resulting in the vesting and settlement of the number of shares of the issuer's common stock shown in Table II and Table II.

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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