Edgar Filing: Murray Frank E MD - Form 4

Murray Frank Form 4											
October 02, 2									OMB AF	PPROVAL	
	FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSIO Washington, D.C. 20549						OMMISSION	OMB Number:	3235-0287		
Check thi if no long subject to Section 1 Form 4 of	STAT 6.	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIESExpiFiled 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 20(b) of the Investment Company Act of 1040Expi								Expires: January 31 2005 Estimated average burden hours per response 0.5	
Form 5 obligation may cont <i>See</i> Instru 1(b).	inue. Section										
(Print or Type R	Responses)										
1. Name and A Murray Fran		MD Symbol			TUCAR			5. Relationship of Reporting Person(s) to Issuer			
			A HEALTHCARE INC				(Check all applicable)				
300 UNIVERSITY AVENUE, (Month/D 10/01/20 (Street) 4. If Ame			(Month/D	3. Date of Earliest Transaction (Month/Day/Year) 10/01/2017				X_Director 10% Owner Officer (give title Other (specify below) below)			
			endment, Date Original nth/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line) _X_Form filed by One Reporting Person				
SACRAME	NTO, CA 958	325						Form filed by M Person	Iore than One Re	porting	
(City)	(State)	(Zip)	Tabl	e I - Non-I	Derivative	Secur	ities Acq	uired, Disposed of	, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	Security (Month/Day/Year) Execution Date, if			3. 4. Securities Acquired Transaction(A) or Disposed of (D) Code (Instr. 3, 4 and 5) (Instr. 8) (A)			Securities Beneficially Owned	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)			
				Code V	Amount	or (D)	Price	(Instr. 3 and 4)			
Common Stock	10/01/2017			A <u>(1)</u>	800 (2)	А	\$ 68.76 (3)	16,811	Ι	Held by trust (4)	

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)	4. Transacti Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Secur	int of rlying	8. Price of Derivative Security (Instr. 5)	
			Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

SA Si

Reporting Owner Name / Address	Relationships					
	Director	10% Owner	Officer	Othe		
Murray Frank E MD 300 UNIVERSITY AVENUE, SUITE 100 SACRAMENTO, CA 95825	Х					
Signatures						

Jeff D. Barlow, by power of attorney for Frank E. Murray, M.D.

**Signature of Reporting Person

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).
- Grant of stock under the Issuer's 2011 Equity Incentive Plan, as amended, in connection with the Reporting Person's services as a (1) Director.

The aggregate dollar value of the annual equity award to each director in 2017-2018 shall be \$220,000, with one quarter of that amount in stock, or \$55,000, to be granted on the first day of each quarter based on the closing price of the Issuer's common stock on such day.

- (2) Since the grant date of October 1, 2017 was a non-trading day, the number of shares was calculated based on the closing price of the Issuer's common stock on September 29, 2017, of \$68.76. Thus, the grant this quarter for services as a Director is for 800 shares of the Issuer's common stock.
- (3) Represents the closing price of the Issuer's common stock on September 29, 2017.
- (4) Shares are held by The F E M & I L M Revocable Living Trust.

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.

9. Nt Deriv Secu Bene Own Follo Repo Trans (Insti

10/02/2017

Date