

TRIAD HOSPITALS INC  
Form 4  
October 05, 2005

**FORM 4**

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

OMB APPROVAL

OMB Number: 3235-0287  
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Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

**STATEMENT OF CHANGES IN 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 \*  
PARSONS MICHAEL J

(Last) (First) (Middle)

5800 TENNYSON PARKWAY

(Street)

PLANO, TX 75024

(City) (State) (Zip)

2. Issuer Name and Ticker or Trading Symbol  
TRIAD HOSPITALS INC [TRI]

3. Date of Earliest Transaction  
(Month/Day/Year)  
10/03/2005

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

5. Relationship of Reporting Person(s) to Issuer

(Check all applicable)

Director  10% Owner  
 Officer (give title below)  Other (specify below)  
Exec VP, Chief Operating Off

6. Individual or Joint/Group Filing(Check Applicable Line)  
 Form filed by One Reporting Person  
 Form filed by More than One Reporting Person

**Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned**

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)	4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
			Code	V	Amount	(D)	Price
Common Stock	10/03/2005		M		9,000	A	\$ 11.5
Common Stock	10/03/2005		S <sup>(1)</sup>		1,800	D	\$ 45.25
Common Stock	10/03/2005		S <sup>(1)</sup>		1,000	D	\$ 44.95
Common Stock	10/03/2005		S <sup>(1)</sup>		2,000	D	\$ 44.8
Common Stock	10/03/2005		S <sup>(1)</sup>		1,000	D	\$ 44.78

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Common Stock	10/03/2005	S <sup>(1)</sup>	1,000	D	\$ 44.75	52,247	D	
Common Stock	10/03/2005	S <sup>(1)</sup>	1,200	D	\$ 44.73	51,047	D	
Common Stock	10/03/2005	S <sup>(1)</sup>	1,000	D	\$ 44.65	50,047	D	
Common Stock in HCA Inc. 1995 Management Stock Purchase Plan						140	D	
Common Stock in Triad Retirement Saving Plan ESOP Acct.						705	I	By ESOP
Common Stock in Triad Retirement Plan Stock Fund						156	I	By 401(k) Plan

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. Transaction Code (Instr. 8)	5. Number of Derivative 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 of Underlying Securities (Instr. 3 and 4)	Amount or Number of Shares	
				Code	V (A) (D)	Date Exercisable	Expiration Date	Title	
Non-qualified option (right to buy)	\$ 11.5	10/03/2005		M	9,000	<sup>(2)</sup>	06/10/2009	Common Stock	9,000

## Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
PARSONS MICHAEL J 5800 TENNYSON PARKWAY PLANO, TX 75024	X		Exec VP, Chief Operating Off	

## Signatures

Michael J.  
Parsons

10/03/2005

\_\_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) Sale pursuant to Rule 10b5-1 trading plan.
  - (2) The option vests in two installments: 45,320 shares on June 10, 2000, and 160,980 shares on April 27, 2001.

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.