

SECURITIES AND EXCHANGE COMMISSION

FORM 4

Statement of changes in beneficial ownership of securities

Filing Date: **2005-05-02** | Period of Report: **2005-05-02**

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ISSUER

TRIAD HOSPITALS INC

CIK: **1074771** | IRS No.: **752816101** | State of Incorporation: **DE** | Fiscal Year End: **1231**
SIC: **8062** General medical & surgical hospitals, nec

Mailing Address
13455 NOEL RD SUITE 2000
DALLAS TX 75240

Business Address
13455 NOEL RD SUITE 2000
DALLAS TX 75240
9727892732

REPORTING OWNER

SHELTON JAMES D

CIK: **1188136**
Type: **4** | Act: **34** | File No.: **001-14695** | Film No.: **05791453**

Business Address
13455 NOEL ROAD #2000
DALLAS TX 75240
9727012278

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL

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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

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. Name and Address of Reporting Person SHELTON JAMES D			2. Issuer Name and Ticker or Trading Symbol TRIAD HOSPITALS INC [TRI]			5. Relationship of Reporting Person(s) to Issuer (Check all applicable) <input checked="" type="checkbox"/> Director <input type="checkbox"/> 10% Owner <input checked="" type="checkbox"/> Officer (give title below) <input type="checkbox"/> Other (specify below) Chairman, President, CEO		
(Last)	(First)	(Middle)	3. Date of Earliest Transaction (Month/Day/Year) 05/02/2005			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		
5800 TENNYSON PARKWAY			4. If Amendment, Date Original Filed(Month/Day/Year)					
(Street) PLANO, TX 75024								
(City)	(State)	(Zip)						

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	(A) or (D)	Price			
Common Stock	05/02/2005		M		10,000	A	\$17.07	260,740	D	
Common Stock	05/02/2005		S ⁽¹⁾		10,000	D	\$50.5546	250,740	D	
Common Stock in HCA Inc. 1995 Management Stock Purchase Plan								443	D	
Common Stock in HCA Inc. Employee Stock Purchase Plan								104	D	
Common Stock in Triad Retirement Savings Plan ESOP Acct								705	I	By ESOP
Common Stock in Triad Retirement Plan Stock Fund								156	I	By 401(k) Plan

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 Securities Underlying Derivative Security (Instr. 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	10. Ownership Form of Derivative Security: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	V	(A)	(D)	Date Exercisable	Expiration Date					

Non-qualified option (right to buy)	\$17.07	05/02/2005		<u>M</u>		10,000	04/27/2001	04/28/2010	Common Stock	10,000	\$ 0	166,909	D
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Explanation of Responses:

1. Sale pursuant to 10b5-1 trading plan.

Signatures

Donald P Fay, Attorney-in-fact

** Signature of Reporting Person

05/02/2005

Date

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

* 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).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

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 Number.