

SECURITIES AND EXCHANGE COMMISSION

FORM 4

Statement of changes in beneficial ownership of securities

Filing Date: **1999-03-26** | Period of Report: **1999-03-04**
SEC Accession No. **0000898430-99-001146**

([HTML Version](#) on [secdatabase.com](#))

SUBJECT COMPANY

TOTAL RENAL CARE HOLDINGS INC

CIK: **927066** | IRS No.: **510354549** | State of Incorporation: **DE** | Fiscal Year End: **1231**
Type: **4** | Act: **34** | File No.: **001-04034** | Film No.: **99573380**
SIC: **8090** Misc health & allied services, nec

Mailing Address
21250 HAWTHORNE BLVD
SUITE 800
21250 HAWTHORNE BLVD
SUITE 800
TORRANCE CA 90503-5517

Business Address
21250 HAWTHORNE BLVD
SIE 800
TORRANCE CA 90503-5517
3107922600

REPORTING OWNER

ANDERSONS MARIS

CIK: **1069422** | State of Incorporation: **CA** | Fiscal Year End: **1231**
Type: **4**

Business Address
TOTAL RENAL CARE
HOLDINGS INC
21250 HAWTHORNE BLVD
STE 800
TORRANCE CA 90503
3107922600

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/-----/
/      OMB APPROVAL      /
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| FORM 4 |
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U.S. SECURITIES AND EXCHANGE COMMISSION
WASHINGTON, D.C. 20549

[] 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(f) of the Investment Company Act of 1940

(Print or Type Responses)

1. Name and Address of Reporting Person*

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-----
Andersons                Maris
-----
(Last)                   (First)                   (Middle)
-----
c/o Total Renal Care Holdings, Inc. 21250 Hawthorne Blvd.
-----
                                (Street)
-----
Torrance                 CA                 90503
-----
(City)                   (State)                (Zip)
-----

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2. Issuer Name and Ticker or Trading Symbol Total Renal Care Holdings, Inc.(TRL)

3. IRS or Identification Number of Reporting Person if an entity
(Voluntary) -----

4. Statement for Month/Year 3/99

5. If Amendment, Date of Original (Month/Year) 3/99

6. Relationship of Reporting Person(s) to Issuer (Check all applicable)

[X] Director [] Officer [] 10% Owner [] Other
(give title below) (specify below)

7. Individual or Joint/Group Filing (Check Applicable Line)

X 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

<TABLE>
<CAPTION>

1. Title of Security (Instr. 3)	2. Transaction Date (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 at End of Month (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Beneficial Ownership (Instr. 4)
<S>	<C>	<C>	<C> <C>	<C>	<C>	<C>

Common Stock	3/04/99	M	5,888	A	\$0.90	5,888	D
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</TABLE>

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

* If this form is filed by more than one reporting person, see Instruction 4 (b) (v).

FORM 4 (continued)

TABLE II--DERIVATIVE SECURITIES ACQUIRED, DISPOSED OF, OR BENEFICIALLY OWNED (e.g., puts, calls, warrants, options, convertible securities)

<TABLE>

<CAPTION>

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	
			Code	V	(A)	(D)
<S>	<C>	<C>	<C>	<C>	<C>	<C>
Options (16b-3 Plan)	\$0.90	3/04/99	M			5,888

</TABLE>

TABLE II--DERIVATIVE SECURITIES ACQUIRED, DISPOSED OF, OR BENEFICIALLY OWNED (e.g., puts, calls, warrants, options, convertible securities)--CONTINUED

<TABLE>

<CAPTION>

6. Date Expirable and Expiration Date (Month/Day/Year)	7. Title and Amount of Underlying Securities (Instr. 3 and 4)	8. Price of Derivative Security (Instr.)	9. Number of Derivative Securities Beneficially	10. Ownership Form of Derivative Security:	11. Nature of Direct Beneficial Ownership:
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<S>	Date Exer- cisable	Expira- tion Date	Title	Amount or Number of Shares	5)	Owned at End of Month (Instr. 4)	Direct (D) or Indi- rect (1) (Instr. 4)	ship (Instr. 4)
	<C>	<C>	<C>	<C>	<C>	<C>	<C>	<C>
	(1)	4/01/05	Common Stock	5,888		13,889	D	

</TABLE>

Explanation of Responses:

(1) Twenty-five percent of the options vest each year on the anniversary of the \ date of grant.

**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 provided 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.

/s/ Maris Andersons March 17, 1999

**Signature of Reporting Person Date