TRIAD HOSPITALS INC

Form 4

March 10, 2005

FORM 4

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

OMB Number: 3235-0287

OMB APPROVAL

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

Expires: January 31, 2005

subject to
Section 16.
Form 4 or

Estimated average burden hours per response... 0.5

Form 5 obligations may continue. *See* Instruction

Check this box

if no longer

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 A	Address of Repor	ting Person *	Issuer Name and Ticker or Trading Symbol	5. Relationship of Reporting Person(s) to Issuer			
<i>a</i>	(F' 1)	OC III	TRIAD HOSPITALS INC [TRI]	(Check all applicable)			
(Last)	(First)	(Middle)	3. Date of Earliest Transaction (Month/Day/Year)	Director 10% Owner			
5800 TENNYSON PARKWAY			03/09/2005	X_ Officer (give title Other (specify below)			
				Exec VP, General Counsel			
	(Street)		4. If Amendment, Date Original	6. Individual or Joint/Group Filing(Check			
			Filed(Month/Day/Year)	Applicable Line) _X_ Form filed by One Reporting Person			
PLANO, TX 75024				Form filed by More than One Reporting Person			
(City)	(State)	(Zip)	Table I - Non-Derivative Securities Ac	equired, Disposed of, or Beneficially Owner			
1 Title of	2 Transaction	n Date 2Δ De	eemed 3 4 Securities Acquire	d 5 Amount of 6 7 Natur			

(City)	(State) (Z	Table	I - Non-De	rivative Se	curiti	es Acqu	ired, Disposed of	, or Beneficiall	y Owned
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transactio Code (Instr. 8)	4. Securit or(A) or Di (Instr. 3,	sposed	of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
Common Stock	03/09/2005		Code V M	Amount 26,100	(D)	Price \$ 11.5	(Instr. 3 and 4) 46,140	D	
Common Stock	03/09/2005		S	26,100	D	\$ 43.6	20,040	D	
Common Stock in Triad Retirement Savings Plan ESOP Acct							707	I	By ESOP

156 I

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Common by 401(k) Stock in Plan Triad

Retirement

Plan

Common

Stock Fund

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

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Stock

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)	5. Number of orDerivative 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 Underlying Securiti (Instr. 3 and 4)	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amou or Numl of Sh
Non-qualified Stock Option	\$ 11.5	03/09/2005		M	26,100	<u>(1)</u>	06/10/2009	Common	26,1

Reporting Owners

	Relationships
Reporting Owner Name / Address	· · · · · · · · · · · · · · · · · · ·

Director 10% Owner Officer Other

FAY DONALD P 5800 TENNYSON PARKWAY PLANO, TX 75024

Exec VP, General Counsel

Signatures

(right to buy)

Donald P Fay 03/10/2005 **Signature of Date Reporting Person

2 Reporting Owners

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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) The option vests in three installments: 2,844 shares on June 10, 1999, 15,344 shares on June 10, 2000, and 46032 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.