

SURGICAL CARE AFFILIATES, INC.

Reported by **HESSLER FREDERICK A.**

FORM 4

(Statement of Changes in Beneficial Ownership)

Filed 03/24/17 for the Period Ending 03/24/17

Address 510 LAKE COOK ROAD

SUITE 400

DEERFIELD, IL 60015

Telephone 847-236-0921

CIK 0001411574

Symbol SCAI

SIC Code 8093 - Specialty Outpatient Facilities, Not Elsewhere Classified

Industry Healthcare Facilities & Services

Sector Healthcare

Fiscal Year 12/31





[] Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. *See* Instruction 1(b).

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

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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

Name and Address of Reporting Person *					2. I	2. Issuer Name and Ticker or Trading Symbol						-	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
Hessler Frederick A.					Su	Surgical Care Affiliates, Inc. [SCAI]												
(Last)	(Last) (First) (Middle)				3. I	3. Date of Earliest Transaction (MM/DD/YYYY)						X _ Director 10% Owner Officer (give title below) Other (specify below)						
C/O SURGICAL CARE AFFILIATES,						3/24/2017												
INC., 520 LAKE COOK ROAD, SUITE 250					'													
(Street)				4. I	4. If Amendment, Date Original Filed (MM/DD/YYYY)						6. Individual or Joint/Group Filing (Check Applicable Line)							
DEERFIELD, IL 60015 (City) (State) (Zip)													X Form filed by One Reporting Person Form filed by More than One Reporting Person					
			Table 1	I - Non	-Der	ivati	ve Secu	ırities Acc	quire	ed, Dis	sposed o	of, or	Be	eneficially Owne	d			
1.Title of Security (Instr. 3)			2. Trans.	Date	2A. Deemed Execution Date, if any		3. Trans. Co (Instr. 8)	ode 4. Securities Acc or Disposed of ((Instr. 3, 4 and 5		osed of (E	D) Fol		Amount of Securities Beneficially Owned ollowing Reported Transaction(s) nstr. 3 and 4)			Form:	7. Nature of Indirect Beneficial Ownership	
								Code	V	Amour	(A) o		ice					(Instr. 4)
Common Stock 3/24/20			3/24/20	17	U (1) 15000 D (2) 8857 (3)			D										
Common Stock 3/24/201				17			D (4)	8857 D (5)		0			D					
	Tabl	le II - Der	ivative	Securi	ties I	Bene	ficially	Owned (e.g. ,	puts,	calls, w	arra	nts	, options, conve	rtible sec	urities)		
Security (Instr. 3)	2. Conversion or Exercise Price of Derivative	3. Trans. Date	3A. Deer Executio Date, if a	ution (Instr. 8		Code	de 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date			7. Title and Amour Securities Underlyi Derivative Security (Instr. 3 and 4)		s Underlying e Security		9. Number of derivative Securities Beneficially Owned	Derivative Security:	11. Nature of Indirect Beneficial Ownership (Instr. 4)
	Security					V	(A)	(D)	Date Exerc	cisable	Expiration Date	Title		mount or Number of ares		Following Reported Transaction(s) (Instr. 4)	Direct (D) or Indirect (I) (Instr. 4)	

Explanation of Responses:

- (Disposed of in the exchange offer by Spartan Merger Sub 1, Inc. to acquire all of the outstanding shares of Common Stock (the "Exchange Offer"), pursuant
- 1) to the Agreement and Plan of Reorganization, dated January 7, 2017, (the "Merger Agreement," and the merger contemplated thereby, the "Merger") by and among Surgical Care Affiliates, Inc. ("SCA"), UnitedHealth Group Incorporated ("UHG"), Spartan Merger Sub 1, Inc., and Spartan Merger Sub 2, LLC.
- (Pursuant to the Merger Agreement, each share of Common Stock was exchanged for \$11.40 in cash and a number of shares of UHG common stock equal to
- 2) \$45.60 divided by \$169.42, (which represents the volume weighted average of the closing sale prices per share of UHG common stock on the New York Stock Exchange on each of the five full consecutive trading days ending on and including March 21, 2017, the third business day prior to the final expiration date of the Exchange Offer), with the fractional shares being paid in cash, as provided in the Merger Agreement.
- (Reflects 8,857 shares of Common Stock underlying restricted stock units ("RSUs") of the issuer, all of which were subject to time-based vesting. Each RSU
- 3) represents a contingent right to acquire one share of Common Stock. Immediately prior to the effective time of the Merger (the "Effective Time"), all of these RSUs were vested (5,729 of which had previously vested and 3,128 of which vested in connection with the Merger) and settled in shares of Common Stock.
- Disposed of in the Merger, pursuant to the Merger Agreement
- (Pursuant to the Merger Agreement, at the Effective Time each share of Common Stock was cancelled and converted into the right to receive \$11.40 in cash
- and a number of shares of UHG common stock equal to \$45.60 divided by \$169.42, (which represents the volume weighted average of the closing sale prices per share of UHG common stock on the New York Stock Exchange on each of the five full consecutive trading days ending on and including March 21, 2017, the third business day prior to the final expiration date of the Exchange Offer), with the fractional shares being paid in cash, as provided in the Merger Agreement.

Reporting Owners

Reporting Owner Name / Address	Relationships							
Reporting Owner Name / Address	Director	10% Owner	Officer	Other				
Hessler Frederick A.								

C/O SURGICAL CARE AFFILIATES, INC. 520 LAKE COOK ROAD, SUITE 250 DEERFIELD, IL 60015	X		
Signatures			

Signatures

/s/ Richard L. Sharff, Jr., by power of attorney

**Signature of Reporting Person

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 control number.