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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*

Andersons

Maris

(Last)

(First)

(Middle)

c/o Total Renal Care Holdings, Inc. 21250 Hawthorne Blvd.

(Street)

Torrance

CA

90503

(City)

(State)

(Zip)

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 4/99

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

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

1. Title of 2. Trans- 3. Trans- 4. Securities Acquired (A)
of action action or Disposed of (D) 5. Amount of
Securities 6. Owner- 7. Nature
ship of In-

[illegible]

(1)	4/01/05	Common Stock	13,889	0	D
(1)	4/08/09	Common Stock	25,000	25,000	D

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	May 4, 1999
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**Signature of Reporting Person	Date