Edgar Filing: Accretive Health, Inc. - Form 4

Accretive He	alth, Inc.										
Form 4 January 04, 2	017										
FORM Check this	4 UNITE	Washington, D.C. 20549								PROVAL 3235-0287	
if no long subject to Section 16 Form 4 or Form 5 obligation may conti <i>See</i> Instru 1(b).	er STAT 5. 5. Filed p ¹⁵ nue. Section 1	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES 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 20(b) of the Investment Company Act of 1940							Expires: Estimated a burden hou response	irs per	
(Print or Type R	esponses)										
1. Name and Address of Reporting Person <u>*</u> FLANAGAN JOSEPH GERARD			2. Issuer Name and Ticker or Trading Symbol Accretive Health, Inc. [ACHI]					5. Relationship of Reporting Person(s) to Issuer			
(Last)	(First)	(Middle)		Earliest Tra	_	JIII]		(Cheo	ck all applicable	e)	
C/O ACCRE	ETIVE HEAL . MICHIGAN	TH,	(Month/D 01/03/20	ay/Year)				X Director X Officer (give below) Preside		o Owner er (specify OO	
	(Street) 4. Fi				te Original			6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person			
CHICAGO,	IL 60611							Form filed by M Person			
(City)	(State)	(Zip)	Table	e I - Non-D	erivative	Securi	ties Acc	quired, Disposed o	f, or Beneficial	lly Owned	
1.Title of Security (Instr. 3)	2. Transaction (Month/Day/Ye	ear) Executio any		3. Transactio Code (Instr. 8)	4. Securi	ties Ad ispose	cquired d of	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	
Common Stock	01/03/2017			F	3,034	D	\$ 2.29	1,413,544	D		

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

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 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. Transactio Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)			7. Title and Amount of Underlying Securities (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr
Repo	rting O	wners		Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Relationships **Reporting Owner Name / Address** Director 10% Owner Officer Other FLANAGAN JOSEPH GERARD C/O ACCRETIVE HEALTH, INC. Х President, CEO and COO 401 N. MICHIGAN AVENUE, SUITE 2700 CHICAGO, IL 60611 Signatures /s/ Daniel A Zaccardo, 01/04/2017 Attorney-in-Fact **Signature of Reporting Person Date

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).

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.

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