## Edgar Filing: CLINE J MICHAEL - Form 4

CLINE J M Form 4	IICHAEL										
January 05,											
FORM		STATES	SECUE	RITIES A	AND EX	CHANGE		т	APPROVAL		
Washington, D.C. 20549								OMB Number:	3235-0287		
Check t if no lou subject Section Form 4 Form 5	nger to <b>STATEN</b> 16. or	CMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES ursuant to Section 16(a) of the Securities Exchange Act of 1934,							January 31, 2005 average urs per 0.5		
obligati may con <i>See</i> Inst 1(b).	ons ntinue. Section 17(	a) of the I	Public U	tility Hol	ding Co		of 1935 or Section	on			
(Print or Type	Responses)										
1. Name and Address of Reporting Person <u></u> <u></u> <u>CLINE J MICHAEL</u>			2. Issuer Name <b>and</b> Ticker or Trading Symbol Accretive Health, Inc. [AH]				5. Relationship of Reporting Person(s) to Issuer				
(Last)	(First) (	Middle)		f Earliest T	(Check			eck all applicabl	le)		
C/O ACCE INC., 401	RETIVE HEALTH NORTH MICHIG SUITE 2700	I,		Day/Year)	Tansaction		X Director Officer (giv below)		1% Owner her (specify		
(Street)			4. If Amendment, Date Original			al	6. Individual or Joint/Group Filing(Check				
СШСАСС	н 60611		Filed(Mo	nth/Day/Yea	r)		Applicable Line) _X_ Form filed by Form filed by	One Reporting F More than One R			
CHICAGO							Person				
(City)	(State)	(Zip)	Tabl	le I - Non-l	Derivative	Securities A	cquired, Disposed	of, or Beneficia	ally Owned		
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)		Date, if	3. Transactio Code (Instr. 8) Code V	Disposed (Instr. 3,	(A) or of (D)	Securities Beneficially Owned	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
Reminder: Re	port on a separate line	e for each cla	ass of secu	urities bene	ficially ow	ned directly o	or indirectly.				
					inforr requi	nation cont red to respo ays a currer	pond to the colle ained in this form ond unless the for ntly valid OMB co	n are not rm	SEC 1474 (9-02)		
	Tab					sposed of, or convertible s	Beneficially Owned securities)	I			
		action Date /Day/Year)			4. Transact	5. Number iotof Derivati	6. Date Exercisa ve Expiration Date		7. Title and Amount of 8 Underlying Securities E		

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Security (Instr. 3)	or Exercise Price of Derivative Security		any (Month/Day/Year)	Code Securities (Instr. 8) Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		f	(Month/Day/Year)		(Instr. 3 and 4)	
				Code V	(A) (I	D) Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Director Stock Option (right to buy)	\$ 23.27	01/03/2012		A	1,760	01/03/2012	01/03/2022	Common Stock	1,760	

## **Reporting Owners**

Reporting Owner Name / Address	Relationships				
		Director	10% Owner	Officer	Other
CLINE J MICHAEL C/O ACCRETIVE HEALTH, INC. 401 NORTH MICHIGAN AVENUE, SUITE CHICAGO, IL 60611	2700	Х	Х		
Signatures					
/s/ Daniel A. Zaccardo, Attorney-in-Fact	01/05/2	2012			
**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).

(1) This option was issued to the reporting person pursuant to the Accretive Health director compensation plan in lieu of retainer fees of \$20,000.

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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