## Edgar Filing: Accretive Health, Inc. - Form 4

Accretive F Form 4	Health, Inc.									
January 06,	2015									
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISS								PPROVAL		
	UNITED	STATES		RITIES A Ashington			NGE	COMMISSIO	Nome Number:	3235-0287
Check t if no los subject Section Form 4 Form 5 obligati	nger to 16. or Filed pu	Section 16(a) of the Securities Exchange Act					nge Act of 1934,	Estimated burden ho response	urs per	
may co See Inst 1(b).	ntinue. Section 17			Julity Hol	•		•	of 1935 or Secti 940	on	
(Print or Type	Responses)									
1. Name and Kaplan Ste	Address of Reporting even N	g Person <u>*</u>	Symbol	er Name <b>an</b> ive Health			-	5. Relationship o Issuer	of Reporting Pe	rson(s) to
(Last)	(First)	(Middle)		of Earliest T	_	_		(Che	eck all applicabl	le)
C/O ACCH INC., 401	RETIVE HEALT NORTH MICHIC SUITE 2700	H,		Day/Year)	Tunsuetron			X Director Officer (giv below)		% Owner her (specify
CHICAGO	(Street) D, IL 60611			endment, D onth/Day/Yea	-	al		6. Individual or Applicable Line) _X_ Form filed by Form filed by Person		Person
(City)	(State)	(Zip)	Tal	ole I - Non-J	Derivative	Secur	rities A	cquired, Disposed	of. or Beneficia	ally Owned
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	Execution any	ed Date, if	3. Transactic Code (Instr. 8) Code V	4. Securi mAcquired Disposed (Instr. 3,	ties l (A) or l of (D) 4 and 5 (A) or	r )	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 Indirect
Reminder: Re	eport on a separate lin	e for each cl	ass of sec	urities bene	ficially ow	ned di	rectly o	or indirectly.		
					inforı requi	natior red to ays a	n cont respo	spond to the colle ained in this forn ond unless the fo ntly valid OMB co	n are not rm	SEC 1474 (9-02)
	Tal			curities Acc ls, warrants				Beneficially Owner securities)	1	
1. Title of	2. 3. Tran	saction Date	3A. De	emed	4. T	5. N	lumber	6. Date Exercisa	able and	7. Title and Amou

1. Title of	2.	3. Transaction Date	3A. Deemed	4. 5. Number	6. Date Exercisable and	7. Title and Amount of	8
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transaction of Derivative	Expiration Date	Underlying Securities	J

D

## Edgar Filing: Accretive Health, Inc. - Form 4

Security (Instr. 3)	or Exercise Price of Derivative Security		any (Month/Day/Year)	Code (Instr. 8)	) Ac (A Di (D (In	Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		(Month/Day/Year)		(Instr. 3 and 4)		Si (I	
				Code V	√ (	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		
Director Stock Option (right to buy)	\$ 6.55	01/02/2015		А	5,	,365		01/02/2015	01/02/2025	Common Stock	5,365	\$	

## **Reporting Owners**

Reporting Owner Name / Address			Relationships						
1	Director	10% Owner	Officer	Other					
Kaplan Steven N C/O ACCRETIVE HEALTH, INC. 401 NORTH MICHIGAN AVENUE, SUITE CHICAGO, IL 60611	2700	X							
Signatures									
/s/ Daniel A. Zaccardo, Attorney-in-Fact	01/06/2	2015							
**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 \$17,500.

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.