Edgar Filing: Accretive Health, Inc. - Form 4

Accretive H Form 4										
April 03, 20							OMB A	APPROVAL		
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION								3235-0287		
Check this box Washington, D.C. 20549						Number:	January 31,			
if no lor subject Section Form 4 Form 5 obligati may cor	nger to 16. or Filed put ons Section 17(rsuant to Section	SECUI on 16(a) of the	RITIES he Securi	ties Excha	WNERSHIP OF nge Act of 1934, of 1935 or Sectio	Estimated burden ho response	2005 average urs per		
See Inst 1(b).		30(h) of th	e Investmen	t Compa	ny Act of 1	940				
(Print or Type	Responses)									
1. Name and Address of Reporting Person <u>*</u> MANDL ALEX (Last) (First) (Middle)			ssuer Name an ool retive Healtl			5. Relationship of Reporting Person(s) to Issuer				
			te of Earliest T		-	(Check all applicable)				
C/O ACCF	RETIVE HEALTH	(Mor H 04/0	nth/Day/Year) 01/2014	Tansaction		X Director Officer (giv below)		% Owner her (specify		
(Street)			4. If Amendment, Date Original Filed(Month/Day/Year)			 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting 				
CHICAGO), IL 60611					Person	More than One F	Reporting		
(City)	(State)	(Zip)	Table I - Non-	Derivative	Securities A	cquired, Disposed of	of, or Beneficia	ally Owned		
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, any (Month/Day/Yea	Code ar) (Instr. 8)	4. Securi onAcquired Disposed (Instr. 3, Amount	(A) or of (D) 4 and 5) (A) or	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 class of	securities bene	ficially ow	ned directly o	or indirectly.				
				inforr requi	mation cont red to respo ays a curre	spond to the collect ained in this form ond unless the for ntly valid OMB co	i are not rm	SEC 1474 (9-02)		
	Tab		Securities Acc calls, warrant			Beneficially Owned securities)	I			
		saction Date 3A. /Day/Year) Exec		4. Transact	5. Number ionof Derivati	6. Date Exercisa ive Expiration Date	ble and	7. Title and Amount of 8 Underlying Securities		

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Security (Instr. 3)	or Exercise Price of Derivative Security		any (Month/Day/Year)	Code (Instr. 8	8)	Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		(Month/Day/Year)		(Instr. 3 and 4)		S (I
				Code	V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Director Stock Option (right to buy)	\$ 8.38	04/01/2014		А		3,559		04/01/2014	04/01/2024	Common Stock	3,559	\$

Reporting Owners

Reporting Owner Name / Address	Relationships					
FB	Director	10% Owner	Officer	Other		
MANDL ALEX C/O ACCRETIVE HEALTH INC 401 N MICHIGAN AVE SUITE 2700 CHICAGO, IL 60611	Х					
Signatures						
/s/ Daniel A. Zaccardo, Attorney-in-Fact	04/02/2014					
**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 \$15,000.

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.