Edgar Filing: Accretive Health, Inc. - Form 4

Accretive H Form 4	ealth, Inc.										
January 06,	2015										
FORM	ЛЛ								APPROVAL		
	UNITED	STATES	ES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549						3235-0287		
Check the if no lon subject to Section Form 4 do	ger STATEN 16.	MENT O		U	BENEF		WNERSHIP OF	Number: Expires: Estimated burden ho response.	urs per		
Form 5 obligatio may con <i>See</i> Instr 1(b).	ons Section 17((a) of the l	Public U	Itility Hol	ding Co		nge Act of 1934, of 1935 or Sectio 940	on			
(Print or Type	Responses)										
1. Name and A BRONFMA	2. Issuer Name and Ticker or Trading Symbol Accretive Health, Inc. [ACHI]				5. Relationship of Reporting Person(s) to Issuer						
(Last)	(First) (Middle)		of Earliest T	_	-	(Check all applicable)				
INC., 401 N	ETIVE HEALTH NORTH MICHIG SUITE 2700	I,		Day/Year)	ransaction		X Director Officer (giv below)		% Owner her (specify		
	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						
CHICAGO	, IL 60611						Form filed by Person	More than One F	Reporting		
(City)	(State)	(Zip)	Tab	ole I - Non-l	Derivative	Securities A	Acquired, Disposed of	of, or Beneficia	ally Owned		
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	Execution any	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 cl	ass of sec	urities bene	ficially ow	ned directly	or indirectly.				
					inforr requi	nation cont red to resp ays a curre	spond to the colle tained in this form ond unless the for ntly valid OMB co	are not rm	SEC 1474 (9-02)		
	Tab					sposed of, or convertible	Beneficially Owned securities)	l			
		saction Date /Day/Year)			4. Transact	5. Number ionof Derivat	6. Date Exercisa	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	Code Securities (Instr. 8) Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		(Month/Day/Year)		(Instr. 3 and 4)		So (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					
F	Director	10% Owner	Officer	Other			
BRONFMAN EDGAR JR C/O ACCRETIVE HEALTH, INC. 401 NORTH MICHIGAN AVENUE, SUITE CHICAGO, IL 60611	2700	Х					
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.