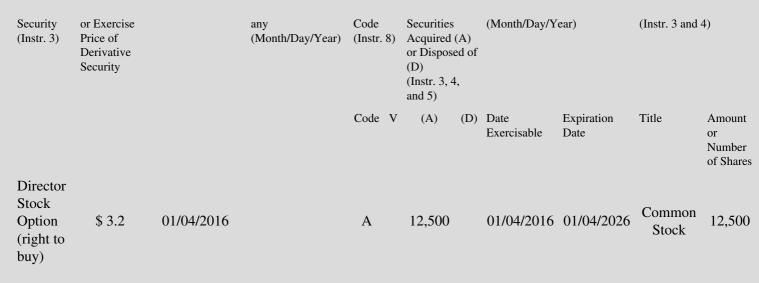
## Edgar Filing: Accretive Health, Inc. - Form 4

Accretive H Form 4	ealth, Inc.									
January 06,	2016									
FORM		CT A TEC	CECU	DITIEC				т	PPROVAL	
	UNITED	SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549					OMB Number:	3235-0287		
Check th if no lon subject t Section Form 4 c	ger o <b>STATEN</b> 16. or	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP SECURITIES							January 31, 2005 average urs per . 0.5	
Form 5 obligatio may con <i>See</i> Instr 1(b).	tinue. Section 17	rsuant to S (a) of the B 30(h)	on							
(Print or Type	Responses)									
1. Name and Address of Reporting Person <u>*</u> MANDL ALEX			2. Issuer Name <b>and</b> Ticker or Trading Symbol				5. Relationship of Reporting Person(s) to Issuer			
(Least)	(Einst) (	Middle)	Accretive Health, Inc. [ACHI]			CHIJ	(Check all applicable)			
(Last) (First) (Middle)			3. Date of Earliest Transaction (Month/Day/Year)				_X_ Director 10% Owner			
	ETIVE HEALTH MICHIGAN AV 0		01/04/2	-			Officer (giv below)	e title Oth below)	ner (specify	
(Street)			4. If Amendment, Date Original			ıl	6. Individual or Joint/Group Filing(Check			
			Filed(Month/Day/Year)				Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting			
CHICAGO	, IL 60611						Person		cporting	
(City)	(State)	(Zip)	Tał	ole I - Non-l	Derivative	Securities A	cquired, Disposed o	of, or Beneficia	lly 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: Rep	port on a separate line	e for each cl	ass of sec	urities bene	ficially ow	ned directly o	or indirectly.			
					inforr requi	nation cont red to respo ays a curre	spond to the collect ained in this form ond unless the for ntly valid OMB co	are not m	SEC 1474 (9-02)	
	Tab					posed of, or convertible s	Beneficially Owned securities)	l		
1. Title of 2 Derivative 0		action Date /Day/Year)		emed on Date, if	4. Transact	5. Number iorDerivative			7. Title and Amount of Underlying Securities	

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



## **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	01/06/2016								
**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.