Edgar Filing: PRA Health Sciences, Inc. - Form 4

PRA Health S	Sciences, Inc.											
Form 4												
July 14, 2017												
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION								т	PPROVAL			
UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549								ONID	3235-0287			
Check this	s box		vv as	migton	, D.C. 20:	549			Number:	January 31,		
if no longer STATEMENT OF CHANG				GES IN BENEFICIAL OW				NFRSHIP OF	Expires:	2005		
subject to Section 16				SECURITIES					Estimated a			
Form 4 or				bleer					burden hours per response			
Form 5	Filed 1	oursuant to	Section 16	6(a) of th	e Securiti	ies Ex	cchang	ge Act of 1934,	103001130	0.5		
obligation	⁸ Section 1							f 1935 or Sectio	n			
may conti <i>See</i> Instru		30(h)	of the Inv	vestment	Compan	y Act	of 19	40				
1(b).												
	,											
(Print or Type R	esponses)											
1. Name and Address of Reporting Person 2. Issuer Name and Ticker or Trading 5. Relationship of						Reporting Person(s) to						
V			Symbol	i vanie and		rraam	5	Issuer	1 0			
			•	alth Scie	ences, Inc.	[PR	AH]					
(Last) (First) (Middle)			3. Date of Earliest Transaction					(Check all applicable)				
(Month/Da								10% Owner				
				07/12/2017				Officer (give titleOther (specify				
INC., 4130 F	PARKLAKE	AVENUE,						below)	below)			
SUITE 400												
(Street) 4. I			4. If Amer	. If Amendment, Date Original				6. Individual or Joint/Group Filing(Check				
Filed(Mon				nth/Day/Year)				Applicable Line)				
								_X_Form filed by	One Reporting Pe More than One Re			
RALEIGH, 1	NC 27612							Person	viole than one its	porting		
(City)	(State)	(Zip)	Table	e I - Non-I	Derivative S	Securi	ties Ac	quired, Disposed o	f, or Beneficial	lly Owned		
1.Title of	2. Transaction	Date 2A. De	emed	3.	4. Securi	ties		5. Amount of	6. Ownership	7. Nature of		
Security	(Month/Day/Y		on Date, if TransactionAcquired (A) or					Form: Direct	Indirect			
(Instr. 3)		any			Disposed of (D)		•	(D) or	Beneficial			
		(Month/Day/Yes			r) (Instr. 8) (Instr. 3, 4 and 5)					Ownership (Instr. 4)		
						(A)		Following Reported				
						(A) or		Transaction(s)				
-				Code V	Amount	(D)	Price	(Instr. 3 and 4)				
Common	07/12/2017			A <u>(1)</u>	1,318	А	\$0	7,925	D			
Stock												

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transact Code (Instr. 8)	5. ionNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	Number Expiration Date of (Month/Day/Year) Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3,		Amou Unde Secur	le and unt of rlying ities . 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

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Reporting Owners

Reporting Owner Name / Address	Relationships						
1 0	Director	10% Owner	Officer	Other			
Young Matthew P. C/O PRA HEALTH SCIENCES, INC. 130 PARKLAKE AVENUE, SUITE 400 RALEIGH, NC 27612	Х						
Signatures							
By: /s/ Timothy J. McClain, by power of attorney	07/14/2017						
**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) Represents a grant of restricted stock which will vest fifty percent on each of the first two anniversaries of the grant date, subject to continued service on such dates.

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.