Bolotin James M. Form 3 May 19, 2010

FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF

OMB APPROVAL

OMB Number:

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SECURITIES

Section 17(a) of the Public Utility Holding Company Act of 1935 or Section

30(h) of the Investment Company Act of 1940

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,

(Print or Type Responses)

1. Name and Address of Reporting

Person *

Bolotin James M.

(Last)

(First)

(Middle)

(Zip)

Statement

(Month/Day/Year)

05/19/2010

2. Date of Event Requiring 3. Issuer Name and Ticker or Trading Symbol

C/O ACCRETIVE HEALTH,

INC., 401 NORTH

MICHIGAN AVENUE, SUITE

2700

(Street)

Accretive Health, Inc. [AH]

4. Relationship of Reporting Person(s) to Issuer

Filed(Month/Day/Year)

(Check all applicable)

Director

10% Owner Other

_X__ Officer (give title below) (specify below) Corporate Controller

6. Individual or Joint/Group

Filing(Check Applicable Line)

5. If Amendment, Date Original

X Form filed by One Reporting

Person

Form filed by More than One

Reporting Person

CHICAGO, ILÂ 60611

(City) (State)

1. Title of Security

(Instr. 4)

Table I - Non-Derivative Securities Beneficially Owned

2. Amount of Securities Beneficially Owned

(Instr. 4)

Ownership Form:

Direct (D) or Indirect (I) (Instr. 5)

4. Nature of Indirect Beneficial

Ownership

(Instr. 5)

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

SEC 1473 (7-02)

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Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security

Expiration Date (Month/Day/Year)

3. Title and Amount of Securities Underlying Derivative Security

4. 5. Ownership Conversion or Exercise Form of Price of

6. Nature of Indirect Beneficial Ownership (Instr. 5)

Derivative Derivative Security:

2. Date Exercisable and (Instr. 4)

(Instr. 4)

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	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	Security	Direct (D) or Indirect (I) (Instr. 5)	
Stock Option (Right to Buy)	(1)	05/18/2019	Common Stock	39,200	\$ 12.98	D	Â
Stock Option (Right to Buy)	(2)	04/22/2020	Common Stock	29,400	\$ <u>(3)</u>	D	Â

Reporting Owners

Reporting Owner Name / Address	Relationships					
	Director	10% Owner	Officer	Other		
Bolotin James M.						
C/O ACCRETIVE HEALTH, INC.	â	â	Corporate Controller	Â		
401 NORTH MICHIGAN AVENUE, SUITE 2700	A	A	A Corporate Controller	А		
CHICAGO, IL 60611						

Signatures

/s/ Daniel A. Zaccardo, Attorney-in-Fact

05/19/2010

Date

**Signature of Reporting Person

Explanation of Responses:

- * If the form is filed by more than one reporting person, see Instruction 5(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).
- The shares subject to the option vest in four equal annual installments beginning on May 11, 2010, and the option can be exercised immediately upon grant, provided that upon exercise the shares issued are subject to the same vesting and repurchase provisions that applied before exercise.
- The shares subject to the option vest in four equal annual installments beginning on April 22, 2011, and the option can be exercised immediately upon grant, provided that upon exercise the shares issued are subject to the same vesting and repurchase provisions that applied before exercise.
- The exercise price of this option is equal to the price per share at which Issuer's shares of common stock will be initially offered to the public in its initial public offering, provided that, if such offering does not occur within 90 days after the grant date, the Issuer's board of directors will make a new determination of the fair value of the common stock and the exercise price of this option will equal such fair value.

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.

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