

PRA Health Sciences, Inc.
 Form 3
 November 12, 2014

FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

OMB APPROVAL

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INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,
 Section 17(a) of the Public Utility Holding Company Act of 1935 or Section
 30(h) of the Investment Company Act of 1940

(Print or Type Responses)

<p>1. Name and Address of Reporting Person *</p> <p>Â SHANNON COLIN</p> <p>(Last) (First) (Middle)</p> <p>C/O PRA HEALTH SCIENCES, INC., Â 4130 PARKLAKE AVENUE, SUITE 400</p> <p>(Street)</p> <p>RALEIGH, Â NC Â 27612</p> <p>(City) (State) (Zip)</p>	<p>2. Date of Event Requiring Statement</p> <p>(Month/Day/Year)</p> <p>11/12/2014</p>	<p>3. Issuer Name and Ticker or Trading Symbol</p> <p>PRA Health Sciences, Inc. [PRAH]</p>	<p>4. Relationship of Reporting Person(s) to Issuer</p> <p>(Check all applicable)</p> <p><input checked="" type="checkbox"/> Director <input type="checkbox"/> 10% Owner <input checked="" type="checkbox"/> Officer <input type="checkbox"/> Other (give title below) (specify below) President & CEO</p>	<p>5. If Amendment, Date Original Filed(Month/Day/Year)</p>	<p>6. Individual or Joint/Group Filing(Check Applicable Line)</p> <p><input checked="" type="checkbox"/> Form filed by One Reporting Person <input type="checkbox"/> Form filed by More than One Reporting Person</p>
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Table I - Non-Derivative Securities Beneficially Owned

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
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Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly. SEC 1473 (7-02)

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

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)	3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)	4. Conversion or Exercise Price of Derivative Security	5. Ownership Form of Derivative Security: Direct (D)	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable Expiration Date	Title Amount or Number of			

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				Shares		or Indirect (I) (Instr. 5)	
Stock Option (Right to Buy)	Â (1)	05/07/2017	Common Stock	53,434	\$ 2.94	D	Â
Stock Option (Right to Buy)	Â (1)	12/21/2017	Common Stock	273,585	\$ 2.94	D	Â
Stock Option (Right to Buy)	Â (1)	01/01/2020	Common Stock	146,471	\$ 2.94	D	Â
Stock Option (Right to Buy)	Â (1)	01/11/2021	Common Stock	146,471	\$ 2.94	D	Â
Stock Option (Right to Buy)	Â (2)	12/20/2023	Common Stock	298,457	\$ 11.73	D	Â
Stock Option (Right to Buy)	Â (3)	12/20/2023	Common Stock	298,456	\$ 11.73	D	Â

Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
SHANNON COLIN C/O PRA HEALTH SCIENCES, INC. 4130 PARKLAKE AVENUE, SUITE 400 RALEIGH, NC 27612	Â X	Â	Â President & CEO	Â

Signatures

By: /s/ Timothy J. McClain, by power of attorney 11/12/2014

__Signature of Reporting Person

Date

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).

(1) This stock option vested on September 23, 2013.

(2) This stock option vests 20% per year on each anniversary of September 23, 2013, subject to the holder's continued service through such vesting date.

(3) This stock option vests upon the achievement of specified performance targets in connection with certain liquidity events, as more fully described in the Issuer's Registration Statement on Form S-1 (File No. 333-198644).

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Remarks:

Exhibit 24 - Power of Attorney

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.