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

PRA Health S	Sciences, Inc.										
Form 4											
June 20, 2016	5										
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION										PPROVAL	
	• UNITE	D STATES		ITIES A hington,			NGE (	COMMISSION	OMB Number:	3235-0287	
Check this box					D.C. 20.					January 31	
if no longer STATEMENT OF CHAN				GES IN BENEFICIAL OW				<b>NERSHIP OF</b>	Expires:	2005	
subject to Section 16	5.			SECURITIES					Estimated average burden hours per		
	Form 4 or								response	•	
Form 5	Filed p	pursuant to	Section 16	b(a) of the	e Securiti	ies Ez	kchang	ge Act of 1934,	·		
obligation may conti				•	•			of 1935 or Section	n		
See Instru		30(h)	of the Inv	vestment	Company	y Act	of 19	40			
1(b).											
(Print or Type R	esponses)										
(Thin of Type it	esponses)										
1. Name and Address of Reporting Person <sup>*</sup> _2. Issuer Name <b>and</b> Ticker or Trading 5. Relationship of					Reporting Person(s) to						
a · · · · · a				Symbol				Issuer			
				alth Scier	nces, Inc.	[PR.	AH]		1 11 11 11	<b>`</b>	
(Last)	(First)	(Middle)	3. Date of	Earliest Tra	ansaction			(Cheo	ck all applicable	)	
	× ,		(Month/Da					X Director	10%	b Owner	
C/O PRA HEALTH SCIENCES,			06/17/2016					Officer (give title Other (specify below)			
	PARKLAKE A	AVENUE,						below)	below)		
SUITE 400											
			4. If Amer	If Amendment, Date Original				6. Individual or Joint/Group Filing(Check Applicable Line)			
			Filed(Mon	led(Month/Day/Year)							
								_X_Form filed by Form filed by	One Reporting Pe More than One Re		
RALEIGH, 1	NC 27612							Person	note than one to	porting	
(City)	(State)	(Zip)	Table	e I - Non-D	erivative S	Securi	ties Ac	quired, Disposed o	f, or Beneficia	lly Owned	
1.Title of	2. Transaction	Date 2A. Dee	emed	3. 4. Securities				5. Amount of	6. Ownership	7. Nature of	
Security	(Month/Day/Ye	ear) Execution	• • • •					Securities Beneficially	Form: Direct	Indirect	
(Instr. 3) any (Month/Day/Yea)			(Day/Vear)	Code Disposed of (D)					(D) or Indirect (I)	Beneficial Ownership	
			Day/Teal)	r) (Instr. 8) (Instr. 3, 4 and 5)				Owned Following	(Instr. 4)	(Instr. 4)	
				(A)				Reported			
						or		Transaction(s) (Instr. 3 and 4)			
G				Code V	Amount	(D)	Price	(msu. 5 and 4)			
Common Stock	06/17/2016			A <u>(1)</u>	1,466	А	\$0	4,048	D		

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. Transac Code (Instr. 8)	5. tionNumber of ) Derivativ Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	;	Date	Secur	ınt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Own 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						
	Director	10% Owner	Officer	Other			
Grais Linda S C/O PRA HEALTH SCIENCES, INC. 4130 PARKLAKE AVENUE, SUITE 400 RALEIGH, NC 27612	Х						
Signatures							
By: /s/ Timothy J. McClain, by power of attorney	06/20/2016						
**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) 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.