Evolent Health, Inc. Form 3 September 03, 2015 UNITED STATES SECURITIES AND EXCHANGE COMMISSION OMB APPROVAL FORM 3 Washington, D.C. 20549 OMB Number:

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

3235-0104

January 31, Expires: 2005 Estimated average burden hours per response... 0.5

(Print or Type Responses)

1. Name and Address of Reporting Person <u>*</u> SAMET KENNETH A			 Date of Event Requiring Statement (Month/Day/Year) 	3. Issuer Name and Ticker or Trading Symbol Evolent Health, Inc. [EVH]				
(Last) C/O EVOLE INC., 800 SUITE 500 ARLINGTO	N. GLEBE	ROAD,	09/01/2015 Table I -	4. Relationship of Reporting Person(s) to Issuer (Check all applicable) XDirector10% Owner OfficerOther (give title below) (specify below)			 5. If Amendment, Date Original Filed(Month/Day/Year) 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person neficially Owned 	
1.Title of Secur (Instr. 4)	rity			of Securities	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)		ture of Indirect Beneficial rship	
No securities	s beneficia	lly owned	0		D	Â		
Reminder: Report on a separate line for each class of securities beneficial owned directly or indirectly. Persons who respond to the collection of information contained in this form are not required to respond unless the form display currently valid OMB control number.					SEC 1473 (7-02	2)		

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

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

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Date	Expiration	Title	Amount or	Security	Direct (D)
Exercisable	Date		Number of		or Indirect
			Shares		(I)
					(Instr. 5)

Reporting Owners

Reporting Owner Name / Address	Relationships					
	Director	10% Owner	Officer	Other		
SAMET KENNETH A C/O EVOLENT HEALTH, INC. 800 N. GLEBE ROAD, SUITE 500 ARLINGTON, VA 22203	ÂX	Â	Â	Â		
Signatures						
/s/ Jonathan Weinberg, Attorney-in-fact	09/03/2015					
**Signature of Reporting Person		Date				
Evaluation of Responses:						

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).

Â **Remarks:** Exhibit List

24.1 Power of Attorney dated September 1, 2015

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.