Blackley Seth Form 4 March 05, 2019

# FORM 4

### **OMB APPROVAL**

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

OMB 3235-0287 Number:

Check this box if no longer subject to Section 16. Form 4 or

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

January 31, Expires: 2005 Estimated average

Form 5 obligations

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

burden hours per response... 0.5

may continue. See Instruction Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940

1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person \*

2. Issuer Name and Ticker or Trading Symbol

5. Relationship of Reporting Person(s) to Issuer

Blackley Seth

Evolent Health, Inc. [EVH]

(Check all applicable)

(Last) (First) (Middle)

3. Date of Earliest Transaction

\_X\_\_ Director 10% Owner Other (specify

C/O EVOLENT HEALTH, INC., 800 N. GLEBE ROAD, SUITE

(Street)

03/01/2019

(Month/Day/Year)

X\_ Officer (give title below) below) President

500

4. If Amendment, Date Original

6. Individual or Joint/Group Filing(Check

Filed(Month/Day/Year)

Applicable Line)

\_X\_ Form filed by One Reporting Person Form filed by More than One Reporting

ARLINGTON, VA 22203

(City) (State) (Zip)

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of 2. Transaction Date 2A. Deemed Security (Instr. 3)

(Month/Day/Year) Execution Date, if (Month/Day/Year)

4. Securities 3. TransactionAcquired (A) or Code Disposed of (D) (Instr. 3, 4 and 5) (Instr. 8)

5. Amount of Securities Beneficially Owned Following

6. Ownership 7. Nature of Form: Direct Indirect (D) or Indirect Beneficial Ownership (Instr. 4) (Instr. 4)

Reported Transaction(s) (Instr. 3 and 4)

Code V Amount (D) Price

(A)

or

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

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02)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

Conversion

3. Transaction Date 3A. Deemed

5. Number of (Month/Day/Year) Execution Date, if TransactionDerivative

6. Date Exercisable and **Expiration Date** 

7. Title and Amount of **Underlying Securities** 

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Security (Instr. 3)	or Exercise Price of Derivative Security		any (Month/Day/Year)	Code (Instr. 8)	Securities Acquired (A) Disposed of ( (Instr. 3, 4, ar 5)	or D)	)		(Instr. 3 and 4)	
				Code V	(A) (	D) Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Leveraged Restricted Stock Unit	\$ 0	03/01/2019		A	186,750 (1)	(2)	(3)	Class A Common Stock	186,750 (1)	

# **Reporting Owners**

Reporting Owner Name / Address	Relationships					
•	Director	10% Owner	Officer	Other		
Blackley Seth						
C/O EVOLENT HEALTH, INC.	X		President			
800 N. GLEBE ROAD, SUITE 500	A Fleside		Tresident			
ARLINGTON VA 22203						

# **Signatures**

/s/ Jonathan Weinberg, Attorney-in-Fact

03/05/2019

Date

\*\*Signature of Reporting Person

### **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).
  - Each leveraged stock unit ("LSU") represents the contingent right to receive, upon vesting, between 0% and 200% of one share of the
- (1) Issuer's Class A common stock, subject to the level of achievement of applicable performance conditions. The resulting number of shares acquired upon vesting of the LSUs, if any, is based on the cumulative performance of the Issuer's Class A common stock.
- (2) These LSUs vest on March 2, 2022.
- (3) These LSUs do not expire.

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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