Evolent Health, Inc. Form 4 February 01, 2017

# FORM 4

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

**SECURITIES** 

**OMB** Number:

3235-0287

Expires:

January 31, 2005

0.5

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response...

**OMB APPROVAL** 

Section 16. Form 4 or Form 5 obligations may continue.

See Instruction

Check this box

if no longer

subject to

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

1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person \* Blackley Seth

2. Issuer Name and Ticker or Trading Symbol

Issuer

below)

Evolent Health, Inc. [EVH]

(Check all applicable)

5. Relationship of Reporting Person(s) to

(Middle) (Last) (First)

3. Date of Earliest Transaction (Month/Day/Year)

Director 10% Owner X\_ Officer (give title Other (specify

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

(State)

(Zip)

01/30/2017

President

500

(City)

(Street) 4. If Amendment, Date Original

6. Individual or Joint/Group Filing(Check Applicable Line)

Filed(Month/Day/Year)

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

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

ARLINGTON, VA 22203

	Tubic 1 1101 2011 unit 0 Social 1103 1104 unit 0 3 possible 01, 01 2011 unit 0 3 unit 0							
nsaction Date 2A. Deemed	3.	4. Securities Acquired			5. Amount of	6.	7. Nature of	
h/Day/Year) Execution Date, if	Transaction(A) or Disposed of (D)			Securities	Ownership	Indirect		
any	Code	le (Instr. 3, 4 and 5)			Beneficially	Form: Direct	Beneficial	
(Month/Day/Year)	(Instr. 8)				Owned	(D) or	Ownership	
					Following	Indirect (I)	(Instr. 4)	
			(		Reported	(Instr. 4)		
					Transaction(s)			
	C-J- V	A 4		D	(Instr. 3 and 4)			
	Code v	Amount	(D)	Price				
				\$				
)/2017	S(1)	15,000	D	17.58	824,848	D		
				(2)				
	n/Day/Year) Execution Date, if any (Month/Day/Year)	asaction Date 2A. Deemed 3.  Execution Date, if Transaction Code (Month/Day/Year) (Instr. 8)  Code V	assaction Date 2A. Deemed 3. 4. Securition Date/Apy/Year) Execution Date, if any Code (Instr. 3, 4 (Month/Day/Year) (Instr. 8)  Code V Amount	assaction Date 2A. Deemed 3. 4. Securities Ac  Execution Date, if any (Month/Day/Year) (Instr. 3, 4 and 5)  (Month/Day/Year) (Instr. 8)  (A)  or  Code V Amount (D)	nsaction Date 2A. Deemed 3. 4. Securities Acquired  Transaction(A) or Disposed of (D)  Code (Instr. 3, 4 and 5)  (Month/Day/Year)  (A)  or  Code V Amount (D) Price  \$ 2A. Deemed 3. 4. Securities Acquired  Transaction(A) or Disposed of (D)  Code (Instr. 8)  (A)  or  Code V Amount (D) Price  \$ 2A. Deemed 3. 4. Securities Acquired  Transaction(A) or Disposed of (D)  Code (Instr. 8)	asaction Date 2A. Deemed 3. 4. Securities Acquired Execution Date, if any (Month/Day/Year) (Instr. 8)  Code (Instr. 3, 4 and 5) (Instr. 8)  Code V Amount (D) Price \$  S(1) 15,000 D 17.58 824,848	asaction Date 2A. Deemed 3. 4. Securities Acquired 5. Amount of 6. Ownership any (Month/Day/Year) (Instr. 8) Execution Date, if any (Month/Day/Year) (Instr. 8) Execution Date, if any (Month/Day/Year) (Instr. 8) Execution Date, if any (Instr. 8) Execution Date, if any (Month/Day/Year) (Instr. 8) Execution Date, if Transaction(A) or Disposed of (D) Securities Beneficially Form: Direct Owned (D) or Following Indirect (I) Reported Transaction(s) (Instr. 3 and 4)  Code V Amount (D) Price \$  Solventies Acquired 5. Amount of Securities Ownership Form: Direct Owned (D) or Following Indirect (I) (Instr. 4)  Transaction(s) (Instr. 3 and 4)	

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)

#### Edgar Filing: Evolent Health, Inc. - Form 4

1.	Title of	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exerc	cisable and	7. Titl	le and	8. Price of	9. Nu
D	erivative	Conversion	(Month/Day/Year)	Execution Date, if	Transacti	onNumber	Expiration D	ate	Amou	ınt of	Derivative	Deriv
S	ecurity	or Exercise		any	Code	of	(Month/Day/	Year)	Under	lying	Security	Secui
(I	nstr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Secur	ities	(Instr. 5)	Bene
		Derivative				Securities			(Instr.	3 and 4)		Owne
		Security				Acquired						Follo
		•				(A) or						Repo
						Disposed						Trans
						of (D)						(Instr
						(Instr. 3,						`
						4, and 5)						
						, ,						
										Amount		
							Date Expiration Exercisable Date	Expiration	Title Number	or		
								-		Number		
								Dute		of		
					Code V	(A) (D)				Shares		

# **Reporting Owners**

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

Blackley Seth C/O EVOLENT HEALTH, INC. 800 N. GLEBE ROAD, SUITE 500 ARLINGTON, VA 22203

President

# **Signatures**

/s/ Jonathan Weinberg, Attorney-in-fact

02/01/2017

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).
- (1) The sales reported in this Form 4 were effected pursuant to a Rule 10b5-1 trading plan adopted by the reporting person on September 9, 2016.

The price reported in Column 4 is a weighted average. These shares were sold in multiple transactions at prices ranging from \$17.375-\$18.05, inclusive. The reporting person undertakes to provide to Evolent Health, Inc., any security holder of Evolent Health, Inc., or the Staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares sold at each separate price within the range set forth in this footnote.

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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