Evolent Health, Inc. Form 3 June 05, 2015

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

OMB APPROVAL

OMB Number:

3235-0104

Expires:

January 31, 2005

0.5

Estimated average burden hours per

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF **SECURITIES**

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, response... 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)

1. Name and Address of Reporting Person * **HOBART MATTHEW**

(First) (Middle)

(Last)

C/O TPG GLOBAL, LLC,, 301 COMMERCE STREET, SUITE 3300

(Street)

2. Date of Event Requiring 3. Issuer Name and Ticker or Trading Symbol

Statement

(Month/Day/Year)

06/05/2015

4. Relationship of Reporting Person(s) to Issuer

5. If Amendment, Date Original

Filed(Month/Day/Year)

(Check all applicable)

Evolent Health, Inc. [EVH]

10% Owner _X_ Director Officer Other (give title below) (specify below)

6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting

Person

Form filed by More than One

Reporting Person

FORT WORTH. TXÂ 76102

(City) (State) (Zip)

1. Title of Security (Instr. 4)

2. Amount of Securities Beneficially Owned

(Instr. 4)

3. Ownership Form:

4. Nature of Indirect Beneficial Ownership (Instr. 5)

Â

Direct (D) or Indirect (I)

Table I - Non-Derivative Securities Beneficially Owned

(Instr. 5)

No securities beneficially owned (1) (2)0

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.

D

SEC 1473 (7-02)

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

1. Title of Derivative Security

(Month/Day/Year)

2. Date Exercisable and 3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)

4. 5. Ownership Conversion or Exercise Form of

6. Nature of Indirect Beneficial Ownership (Instr. 5)

Price of Derivative Derivative

Edgar Filing: Evolent Health, Inc. - Form 3

Date Expiration Title Exercisable Date

Amount or Security Number of Shares Direct (D) or Indirect (I) (Instr. 5)

Reporting Owners

Reporting Owner Name / Address

Relationships

Director 10% Owner Officer Other

HOBART MATTHEW C/O TPG GLOBAL, LLC, 301 COMMERCE STREET, SUITE 3300 FORT WORTH, TXÂ 76102

X Â Â Â

Signatures

/s/ Ronald Cami on behalf of Matthew Hobart (3)

06/05/2015

**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).
- Matthew Hobart is a TPG Partner. TPG is affiliated with (i) TPG Eagle Holdings, L.P., which directly holds an aggregate of 11,289,668 (1)

 Class B Common Units (the "Class B Units") of Evolent Health LLC and 11,289,668 shares of Class B Common Stock (the "Class B Shares") of Evolent Health, Inc. (the "Issuer"), and (ii) TPG Growth II BDH, L.P. (together with TPG Eagle Holdings, L.P., the "TPG Funds"), which directly holds an aggregate of 2,384,636 shares of Class A Common Stock of the Issuer.
- Mr. Hobart disclaims beneficial ownership of all of the securities that are or may be beneficially owned by the TPG Funds or any of their affiliates. Pursuant to Rule 16a-1(a)(4) under the Securities Exchange Act of 1934, as amended (the "Exchange Act"), this filing shall not be deemed an admission that Mr. Hobart is, for purposes of Section 16 of the Exchange Act or otherwise, the beneficial owner of any equity securities of the Issuer for purposes of Section 16 of the Exchange Act or otherwise.

Â

Remarks:

a currently valid OMB number.

(3) Ronald Cami is signing on behalf of Mr. Hobart pursuant to the authorization and designation 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

Reporting Owners 2