Accretive Health, Inc. Form 4

August 11, 2016

FORM 4

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

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES**

Form 5 obligations may continue. See Instruction 1(b).

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

(Print or Type Responses)

(Last)

1. Name and Address of Reporting Person * MANDL ALEX

(First) (Middle)

C/O ACCRETIVE HEALTH INC, 401 N MICHIGAN AVE **SUITE 2700**

(Street)

Filed(Month/Day/Year)

2. Issuer Name and Ticker or Trading Symbol

Accretive Health, Inc. [ACHI]

3. Date of Earliest Transaction (Month/Day/Year) 08/10/2016

4. If Amendment, Date Original

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

_X__ Director

Officer (give title

Issuer

X Form filed by One Reporting Person Form filed by More than One Reporting

5. Relationship of Reporting Person(s) to

(Check all applicable)

10% Owner

Other (specify

OMB APPROVAL

3235-0287

January 31,

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CHICAGO, IL 60611

(City)	(State) ((Zip) Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned								
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)		3. Transaction Code (Instr. 8)	4. Securities Acquired on(A) or Disposed of (D) (Instr. 3, 4 and 5)		5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
			Code V	Amount	or (D)	Price	(Instr. 3 and 4)			
Common Stock	08/10/2016		P	65,700	A	\$ 1.51	65,700	D		
Common Stock	08/10/2016		P	35,000	A	\$ 1.51	100,700	D		
Common Stock	08/10/2016		P	1,200	A	\$ 1.51	101,900	D		
Common Stock	08/10/2016		P	13,100	A	\$ 1.53	115,000	D		
Common Stock	08/11/2016		P	10,000	A	\$ 1.72	125,000	D		

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Common Stock	08/11/2016	P	10,100	A	\$ 1.73	135,100	D
Common Stock	08/11/2016	P	2,500		1./4	137,600	D
Common Stock	08/11/2016	P	1,300	A	\$ 1.76	138,900	D
Common Stock	08/11/2016	P				143,400	D
Common Stock	08/11/2016	P	5,599	A	\$ 1.79	148,999	D
Common Stock	08/11/2016	P	25,001	A	\$ 1.8	174,000	D
Common Stock	08/11/2016	P	5,000	A	\$ 1.53	179,000	D
Common Stock	08/11/2016	P		A		180,000	D
Common Stock	08/11/2016	P	20,000	A	\$ 1.55	200,000	D

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

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SEC 1474 (9-02)

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

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exerc	isable and	7. Titl	e and	8. Price of
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transacti	onNumber	Expiration Da	ate	Amou	nt of	Derivative
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Under	lying	Security
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Securi	ities	(Instr. 5)
	Derivative				Securities			(Instr.	3 and 4)	
	Security				Acquired					
					(A) or					
					Disposed					
					of (D)					
					(Instr. 3,					
					4, and 5)					
									Amount	
						Date	Expiration		or	
							Date		Number	
									of	
				Code V	(A) (D)				Shares	

9. Nu Deriv Secur Bene Own Follo Repo Trans (Instr

Reporting Owners

Reporting Owner Name / Address

Director 10% Owner Officer Other

MANDL ALEX
C/O ACCRETIVE HEALTH INC
401 N MICHIGAN AVE SUITE 2700
CHICAGO, IL 60611

Signatures

/s/ Daniel A. Zaccardo,
Attorney-in-Fact

**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).

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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