Edgar Filing: Macdonald Alistair - Form 4

Mandanald Aliatai

	Alistair											
Form 4												
January 30, 2	2018											
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION							OMB AF	OMB APPROVAL				
	UNITE	D STATES				EXCHANGE COMMISSION			OMB	3235-0287		
				shington, D	hington, D.C. 20549				Number:			
Check this box if no longer									Expires:	January 31, 2005		
subject to					GES IN BENEFICIAL OWNERSHI			NERSHIP OF	Estimated a			
Section		SECURITIES						burden hours per				
Form 4 c Form 5									response	0.5		
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may con	Section			•	•	· ·		1935 or Section	1			
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(Print or Type]	Responses)											
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1 Name and A	Address of Reporti	ng Person *	2 Isour	Nome and T	iokor or '	Tradir		5. Relationship of	Reporting Pers	on(s) to		
			Symbol	suer Name and Ticker or Trading			Issuer					
			•	s Health, Inc. [SYNH]								
· · · · · ·				•				(Check	c all applicable)		
(Last)	(First)	(Middle)		f Earliest Tran	saction			V D'	100	0		
			Ionth/Day/Year) 1/29/2018			_X_Director10% Owner _X_Officer (give titleOther (specify below)below)						
C/O SYNEOS HEALTH, INC., 3201 01/29/2 BEECHLEAF COURT, SUITE 600												
DLLCIILL	AI COURT, 5	0112 000						Chief E	xecutive Offic	er		
(Street) 4. If Am				mendment, Date Original					6. Individual or Joint/Group Filing(Check			
	(Street)		4. If Ame	ndment, Date	Original			6. Individual or Joi	int/Group Filin	g(Check		
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RALEIGH,					Original			Applicable Line)	ne Reporting Per	rson		
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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.

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

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1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transactio Code (Instr. 8)	5. ofNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Amou Unde Secur	le and unt of rlying rities : 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owna Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
Macdonald Alistair C/O SYNEOS HEALTH, INC. 3201 BEECHLEAF COURT, SUITE 600 RALEIGH, NC 27604	Х		Chief Executive Officer				
Signatures							
/s/ Christopher L. Gaenzle, Attorney-in-Fact	01/30/2	2018					
**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.