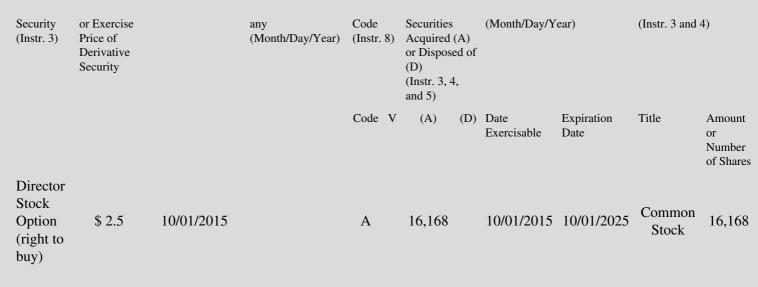
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Accretive F Form 4										
October 05	·							OMB A	PPROVAL	
FORM	VI 4 UNITED	STATES	SECU	RITIES A	AND EX	CHANGE	COMMISSION			
Check t	this box		Wa	ashington	, D.C. 20)549		Number:	3235-0287	
if no los subject Section Form 4 Form 5 obligati may co <i>See</i> Inst	nger to 16. or Filed pur ons ntinue.	EMENT OF CHANGES IN BENEFICIAL SECURITIES pursuant to Section 16(a) of the Securities Exc 17(a) of the Public Utility Holding Company A 30(h) of the Investment Company Act o					OWNERSHIP OF hange Act of 1934, ct of 1935 or Section		urs per	
1(b). (Print or Type	e Responses)									
1. Name and	Address of Reporting	Person *	2 Issue	er Name an	d Ticker o	· Trading	5. Relationship o	f Reporting Per	rson(s) to	
MANDL ALEX			2. Issuer Name and Ticker or Trading Symbol				Issuer			
a 2			Accretive Health, Inc. [ACHI]			-	(Check all applicable)			
(Last)	(First) (Middle)		of Earliest T Day/Year)	ransaction		X Director	104	% Owner	
	RETIVE HEALTH N MICHIGAN AN 00		10/01/2	-			Officer (give below)		her (specify	
(Street)			4. If Amendment, Date Original Filed(Month/Day/Year)			al	6. Individual or J	oint/Group Fili	ing(Check	
							Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting			
CHICAGO	D, IL 60611						Person		epotung	
(City)	(State)	(Zip)	Tab	ole I - Non-l	Derivative	Securities A	Acquired, Disposed o	of, or Beneficia	lly Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	Execution any	Date, if	3. Transactio Code (Instr. 8) Code V	Disposed (Instr. 3,	(A) or of (D)	Securities Elementicially Owned	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Reminder: Re	eport on a separate line	e for each cla	iss of sec	urities bene	ficially ow	ned directly	or indirectly.			
					Perso inforr requi	ons who res nation cont red to resp ays a curre	spond to the collect tained in this form ond unless the for ntly valid OMB cor	are not m	SEC 1474 (9-02)	
	Tab				-	sposed of, or convertible	Beneficially Owned securities)			
		saction Date /Day/Year)			4. Transact	5. Number iorDerivative			7. Title and Amount of Underlying Securities	

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Reporting Owners

Reporting Owner Name / Address	Relationships					
	Director	10% Owner	Officer	Other		
MANDL ALEX C/O ACCRETIVE HEALTH INC 401 N MICHIGAN AVE SUITE 2700 CHICAGO, IL 60611	Х					
Signatures						
/s/ Daniel A. Zaccardo, Attorney-in-Fact	10/	05/2015				
**Signature of Reporting Person		Date				
Explanation of Respon	6061					

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) This option was issued to the reporting person pursuant to the Accretive Health director compensation plan in lieu of retainer fees of \$20,000.

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.