Accretive Health, Inc. Form 4/A February 12, 2016

FORM 4

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

SECURITIES

OMB APPROVAL

OMB Number: 3235-0287 January 31,

Expires: 2005
Estimated average

10% Owner

Other (specify

0.5

burden hours per response...

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

Form 4 or
Form 5
obligations
may continue.

See Instruction

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)

1(b).

(Last)

1. Name and Address of Reporting Person * 2. Issuer Name **and** Ticker or Trading Rizk Emad T. Symbol

(Middle)

(Zip)

Accretive Health, Inc. [ACHI]

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

12/31/2015

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

(First)

(Street)

(State)

4. If Amendment, Date Original Filed(Month/Day/Year) 01/05/2016

6. Individual or

_X__ Director

X_ Officer (give title

Issuer

below)

6. Individual or Joint/Group Filing(Check

5. Relationship of Reporting Person(s) to

(Check all applicable)

President and CEO

Applicable Line)

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

CHICAGO, IL 60611

(City)

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

2. Transaction Date 2A. Deemed 1. Title of 3. 4. Securities Acquired (A) 5. Amount of 6. 7. Nature of Security (Month/Day/Year) Execution Date, if Transaction Disposed of (D) Securities Ownership Indirect (Instr. 3) Code (Instr. 3, 4 and 5) Beneficially Form: Beneficial (Month/Day/Year) Direct (D) (Instr. 8) Owned Ownership or Indirect Following (Instr. 4) Reported (A) Transaction(s) (Instr. 4) or (Instr. 3 and 4) Code V Price Amount (D) Common

Common Stock 12/31/2015 A 1,500,000 A \$ 0 2,520,854 (1) D

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.

SEC 1474

(9-02)

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. Transactic Code (Instr. 8)	5. ionNumber of Derivativ Securities Acquired (A) or Disposed of (D)			Amor Unde Secur	tle and unt of erlying rities r. 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owne Follo Repo Trans (Instr
				Code V	(Instr. 3, 4, and 5)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships						
. 9	Director	10% Owner	Officer	Other			
Rizk Emad T. C/O ACCRETIVE HEALTH, INC. 401 N. MICHIGAN AVE, SUITE 2700 CHICAGO, IL 60611	X		President and CEO				

Signatures

/s/ Daniel A Zaccardo,
Attorney-in-Fact
02/12/2016

**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).

The amount of securities beneficially owned following the reported transaction as reported in the Reporting Person's original Form 4 did (1) not take into account the reduction for 57,213 shares of restricted common stock that were used to satisfy tax withholding obligations as a result of the vesting of the restricted common stock held by the Reporting Person since July 10, 2015.

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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