Edgar Filing: Scott Cheryl - Form 4

Scott Cheryl Form 4											
June 12, 201	8										
FORM /								OMB AF	OMB APPROVAL		
UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549								OMB Number:	3235-0287		
if no long	ger STATI	EMENT O	F CHAN	GES IN BENEFICIAL OWNERSHI				NERSHIP OF	Expires:	January 31, 2005	
subject to STATEMENT OF CHAN Section 16. Form 4 or				SECURITIES					Estimated average burden hours per response 0.5		
may cont	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									0.0	
(Print or Type F	Responses)										
Scott Cheryl Symbol			r Name and Ticker or Trading : Health, Inc. [EVH]				5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
(Last)	(First)	(Middle)		Earliest Tr	ansaction			(Cliect	k all applicable)	
C/O EVOLENT HEALTH, 06/11/20 INC., 800 N. GLEBE ROAD, SUITE 500			-				X Director Officer (give below)		Owner er (specify		
	(Street)		4. If Ame	ndment, Date Original			6. Individual or Joint/Group Filing(Check				
Filed(Mon ARLINGTON, VA 22203				nth/Day/Year)				Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting			
(City)	(State)	(Zip)			• .•	a	••	Person			
		· •					-	uired, Disposed of		-	
1.Title of Security2. Transaction Date (Month/Day/Year)2A. Deemed Execution Date, if any (Month/Day/Year)			3.4. Securities AcquiredTransactior(A) or Disposed of (D)Code(Instr. 3, 4 and 5)(Instr. 8)			d of (D)	Securities Beneficially Owned	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)			
				Code V	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)			
Class A Common Stock	06/11/2018			S	1,600	D	\$ 22.63 (1)	9,343 <u>(2)</u>	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.

 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. ofNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Secur	unt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owno Follo Repo Trans (Instr
				Code V		Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships							
	Director	10% Owner	Officer	Other				
Scott Cheryl C/O EVOLENT HEALTH, INC. 800 N. GLEBE ROAD, SUITE 500 ARLINGTON, VA 22203	Х							
Signatures								
/s/ Jonathan Weinberg, Attorney-in-fact	06/12/2018							
**Signature of Reporting Person		Date						
Explanation of Poononcool								

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 price reported in Column 4 is a weighted average. These shares were sold in multiple transactions at prices ranging from \$22.60-\$22.675, inclusive. The reporting person undertakes to provide to Evolent Health, Inc., and security holder of Evolent Health,

- (1) ^{322.00} ^{322.00}, inclusive. The reporting person undertaces to provide to Evolent relating inc., and security noder of Evolent relating in a security noder of shares sold at each separate prices within the range set forth in this footnote.
- (2) Includes restricted stock units under awards reported on Table 1 of Form 4s previously filed with the Securities and Exchange Commission.

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.