SHANNON COLIN

Form 4

August 10, 2017

FORM 4

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

OMB

Expires:

3235-0287 Number:

January 31,

OMB APPROVAL

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Check this box if no longer subject to Section 16.

Form 4 or Form 5 obligations

may continue. See Instruction

SECURITIES 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

1(b).

(Last)

(City)

(Print or Type Responses)

1. Name and Address of Reporting Person * SHANNON COLIN

2. Issuer Name and Ticker or Trading Symbol

PRA Health Sciences, Inc. [PRAH]

5. Relationship of Reporting Person(s) to Issuer

(Middle)

(Zip)

3. Date of Earliest Transaction

(Month/Day/Year)

08/08/2017

(Check all applicable) _X__ Director

President & CEO

X_ Officer (give title below)

10% Owner Other (specify

C/O PRA HEALTH SCIENCES. INC., 4130 PARKLAKE AVENUE, SUITE 400

(Street)

(State)

(First)

4. If Amendment, Date Original

Filed(Month/Day/Year)

6. Individual or Joint/Group Filing(Check

Applicable Line)

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

RALEIGH, NC 27612

(City)	(State)	(Zip) Tabl	le I - Non-I	Derivative S	ecurit	ies Acqui	red, Disposed of,	or Beneficiall	y Owned
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transactic Code (Instr. 8)	4. Securitie oner Disposee (Instr. 3, 4 a	d of (D))	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
Common Stock	08/08/2017		M	267,579	A	\$ 2.94	267,579	D	
Common Stock	08/08/2017		M	132,421	A	\$ 11.73	400,000	D	

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

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

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. Transaction Code (Instr. 8)	5. Number of conDerivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)	
				Code V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Stock Option (Right to Buy)	\$ 2.94	08/08/2017		M		121,108	<u>(1)</u>	01/01/2020	Common Stock	121,108
Stock Option (Right to Buy)	\$ 2.94	08/08/2017		M		146,471	<u>(1)</u>	01/11/2021	Common Stock	146,471
Stock Option (Right to Buy)	\$ 11.73	08/08/2017		M		132,421	(2)	12/20/2023	Common Stock	132,421

Reporting Owners

Reporting Owner Name / Address	Relationships						
Topo tang o may ramay ramay	Director	10% Owner	Officer	Other			
SHANNON COLIN C/O PRA HEALTH SCIENCES, INC. 4130 PARKLAKE AVENUE, SUITE 400 RALEIGH, NC 27612	X		President & CEO				

Signatures

By: /s/ Timothy J. McClain, by power of attorney 08/10/2017

**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).
- (1) The options vested on September 23, 2013.
- (2) 59,691 of the options vested on September 23, 2014; 59,691 of the options vested on September 23, 2015; 59,691 of the options vested on September 23, 2016. The remaining options will vest in equal installments on September 23, 2017 and September 23, 2018.

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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