Boden Holland Katherine Alice Form 4

August 24, 2018

FORM 4

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

Check this box if no longer subject to

Section 16. Form 4 or Form 5 obligations

may continue. See Instruction STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **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

(Print or Type Responses)

1(b).

1. Name and Address of Reporting Person * Boden Holland Katherine Alice

(Middle)

(Zip)

(Last) (First)

500 WEST MONROE, 28TH **FLOOR**

(Street)

CHICAGO, IL 60661

2. Issuer Name and Ticker or Trading

Symbol

Adtalem Global Education Inc.

[ATGE]

3. Date of Earliest Transaction

(Month/Day/Year) 08/22/2018

4. If Amendment, Date Original

Filed(Month/Day/Year)

Form filed by More than One Reporting

Person

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

Issuer

below)

Director

Applicable Line)

5. Amount of

Securities

Owned

Beneficially

X_ Officer (give title

(City) (State)

Common

Stock (1)

1. Title of 2. Transaction Date 2A. Deemed Security (Month/Day/Year) Execution Date, if (Instr. 3)

08/22/2018

(Month/Day/Year)

3. 4. Securities TransactionAcquired (A) or Code Disposed of (D) (Instr. 3, 4 and 5) (Instr. 8)

Following Reported (A) Transaction(s) or (Instr. 3 and 4)

Price (D)

Code V Amount

\$0 A 3.060 Α 11,790

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

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number.

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

OMB APPROVAL

OMB Number:

3235-0287

January 31, Expires: 2005

Estimated average burden hours per

5. Relationship of Reporting Person(s) to

(Check all applicable)

SVP, Medical and Healthcare

6. Individual or Joint/Group Filing(Check

X Form filed by One Reporting Person

below)

response... 0.5

10% Owner

6. Ownership 7. Nature of

Indirect

Beneficial

Ownership

(Instr. 4)

SEC 1474

(9-02)

Form: Direct

(D) or

D

Indirect (I)

(Instr. 4)

Other (specify

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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. Transacti Code (Instr. 8)	5. Number on Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and A Underlying S (Instr. 3 and	Securiti
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amou or Numb of Share
Incentive Stock Option (Right to Buy)	\$ 49.05	08/22/2018		A	8,152	08/22/2019	08/22/2028	Common Stock	8,15
Non-qualified Stock Option (Right to Buy)	\$ 49.05	08/22/2018		A	7,323	08/22/2019	08/22/2028	Common Stock	7,32

Reporting Owners

Director 10% Owner Officer Other

Boden Holland Katherine Alice 500 WEST MONROE 28TH FLOOR CHICAGO, IL 60661

SVP, Medical and Healthcare

Signatures

/s/ Stephen W. Beard for Kathy Boden Holland

08/24/2018

**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).
- (1) Includes restricted stock units which represent a right to receive one share of common stock for each restricted stock unit. Each restricted stock unit vests 25% on the anniversary of the original grant date and is fully-vested on the four year anniversary of the grant date.
- (2) This option vests at 25% per year and will be fully vested at the end of the 4th year.

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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