THOMAS H. LEE ADVISORS, LLC
Form 4
August 13, 2018

(Print or Type Responses)

| 1. Name and Address of Reporting Person * |  |  | 2. Issuer Name and Ticker or Trading |
| :---: | :---: | :---: | :---: |
|  |  |  | Symbol |
| LLC |  |  | Syneos Health, Inc. [SYNH] |
| (Last) | (First) | (Middle) | 3. Date of Earliest Transaction |
|  |  |  | (Month/Day/Year) |

C/O THOMAS H. LEE PARTNERS, 08/09/2018
L.P., 100 FEDERAL STREET, 35TH FLOOR

> 4. If Amendment, Date Original Filed(Month/Day/Year)
5. Relationship of Reporting Person(s) to Issuer
(Check all applicable)
Director
below)
Officer (give title
$\frac{10 \% \text { Owner }}{\text { Oelow) }}$ Other (specify
(Street)

BOSTON, MA 02110
6. Individual or Joint/Group Filing(Check
Applicable Line)
_ Form filed by One Reporting Person
X_Form filed by More than One Reporting
Person


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

| 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. <br> Transactio <br> Code <br> (Instr. 8) | 5. <br> Number <br> of <br> Derivative <br> Securities <br> Acquired <br> (A) or <br> Disposed <br> of (D) <br> (Instr. 3, <br> 4, and 5) | 6. Date Exercisable and Expiration Date (Month/Day/Year) | 7. Title and Amount of Underlying Securities (Instr. 3 and 4) | 8. Price of Derivative Security (Instr. 5) |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |

## Relationships

Reporting Owner Name / Address

|  |  |
| :--- | :--- |
|  |  |
| Date | Expiration |
| Exercisable | or |
|  | Date | | Number |
| :--- |
| of |

## Reporting Owners

Director $10 \%$ Owner Officer Other
THOMAS H. LEE ADVISORS, LLC
C/O THOMAS H. LEE PARTNERS, L.P. 100 FEDERAL STREET, 35TH FLOOR BOSTON, MA 02110

Thomas H. Lee Equity Fund VI, L.P. C/O THOMAS H. LEE PARTNERS, L.P. 100 FEDERAL STREET, 35TH FLOOR BOSTON, MA 02110

Thomas H. Lee Parallel (DT) Fund VI, L.P. C/O THOMAS H. LEE PARTNERS, L.P. 100 FEDERAL STREET, 35TH FLOOR BOSTON, MA 02110

Thomas H. Lee Parallel Fund VI, L.P. C/O THOMAS H. LEE PARTNERS, L.P. 100 FEDERAL STREET, 35TH FLOOR BOSTON, MA 02110

Thomas H. Lee Equity Fund VII, L.P. C/O THOMAS H. LEE PARTNERS, L.P. 100 FEDERAL STREET, 35TH FLOOR BOSTON, MA 02110

Thomas H. Lee Parallel Fund VII, L.P. C/O THOMAS H. LEE PARTNERS, L.P.

100 FEDERAL STREET, 35TH FLOOR
BOSTON, MA 02110
Thomas H. Lee Parallel (Cayman) Fund VII, L.P.
C/O THOMAS H. LEE PARTNERS, L.P.
100 FEDERAL STREET, 35TH FLOOR
BOSTON, MA 02110
ABBRECHT TODD M
C/O THOMAS H. LEE PARTNERS, L.P. 100 FEDERAL STREET, 35TH FLOOR
BOSTON, MA 02110
Nelson Joshua M
C/O THOMAS H. LEE PARTNERS, L.P. 100 FEDERAL STREET, 35TH FLOOR
BOSTON, MA 02110

## Signatures

Thomas H. Lee Advisors, LLC By: THL Holdco, LLC, its Managing Member By: /s/ Charles
P. Holden Title: Managing Director
${ }_{-}^{* *}$ 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) See Exhibit 99.1 for text of footnote (1).
(2) See Exhibit 99.1 for text of footnote (2).
(3) See Exhibit 99.1 for text of footnote (3).
(4) See Exhibit 99.1 for text of footnote (4).
(5) See Exhibit 99.1 for text of footnote (5).
(6) See Exhibit 99.1 for text of footnote (6).
(7) See Exhibit 99.1 for text of footnote (7).


## Remarks:

Exhibit 99.1 and Exhibit 99.2 (Joint Filer Information) are incorporated herein by reference. This Form 4 is the first of two Fo
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.

