Edgar Filing: Dineen John M. - Form 4

| Dineen John Form 4 | | | | | | | | | | | |
|---|--|--|---------------------------------------|--|------------------------|----------|---|---|---|---|--|
| FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Weshington D.C. 20549 | | | | | | | OMB APPROVAL OMB 3235-0287 | | | | |
| Check thi if no long subject to Section 10 Form 4 or Form 5 obligation may conti <i>See</i> Instru 1(b). | er STAT 6. Filed ¹⁸ Section | 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 | | | | | | | Expires: Estimated a burden hou response | Estimated average burden hours per response 0.5 | |
| (Print or Type R | Responses) | | | | | | | | | | |
| Dineen John M. Symbol Syneo | | | Symbol | Issuer Name and Ticker or Trading Symbol Syneos Health, Inc. [SYNH] Date of Earliest Transaction | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | |
| | | | • | | | | | | | | |
| (Month/D C/O SYNEOS HEALTH, INC., 1030 12/10/20 SYNC STREET | | | | Day/Year) | | | | X Director Officer (give below) | | | |
| | | | ndment, Date Original th/Day/Year) | | | | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person | | | | |
| MORRISVI | LLE, NC 275 | 60 | | | | | | Form filed by I Person | More than One Ro | eporting | |
| (City) | (State) | (Zip) | Table | e I - Non-D | erivative S | Securi | ties Ac | quired, Disposed o | f, or Beneficial | lly Owned | |
| 1.Title of Security (Instr. 3) | 2. Transaction (Month/Day/Y | ransaction Date 2A. Deemed nth/Day/Year) Execution Date, if any (Month/Day/Year) | | 3. 4. Securities TransactionAcquired (A) or Code Disposed of (D) (Instr. 8) (Instr. 3, 4 and 5) (A) or | | | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | | |
| Class A Common Stock | 12/10/2018 | | | A A | Amount 1,630 (1) | (D) A | Price \$ 0 | 1,810 | 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. Transactio Code (Instr. 8) | 5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | | ate | Secur | ınt of rlying | 8. Price of Derivative Security (Instr. 5) | 9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr |
|---|---|---|---|--|---|---------------------|--------------------|-------|--|---|--|
| | | | | Code V | (A) (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | |

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | | | | |
|--|---------------|-----------|---------|-------|--|--|--|--|
| | Director | 10% Owner | Officer | Other | | | | |
| Dineen John M. C/O SYNEOS HEALTH, INC. 1030 SYNC STREET MORRISVILLE, NC 27560 | Х | | | | | | | |
| Signatures | | | | | | | | |
| /s/ Courtney Kamlet, Attorney-in-Fact | | 12/11/201 | 8 | | | | | |
| **Signature of Reporting Person | | Date | | | | | | |
| Evaluation of Doononooou | | | | | | | | |

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).
- Represents an award of restricted stock units which vests in full one year from the grant date, or, if earlier, the date of the next subsequent
 (1) annual meeting following the grant date but only to the extent the director is not re-elected as a non-employee director at such annual meeting, in each case, subject to continued service on the Issuer's Board of Directors.

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.