Edgar Filing: Macdonald Alistair - Form 4

Macdonald A Form 4 January 29, 2									
						OMB AF	PROVAL		
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549							3235-0287		
Check th if no long subject to Section 1 Form 4 c	statement of the second		GES IN BENEFICIAL OWNERSHIP OF SECURITIES				January 31, 2005 Iverage rs per 0.5		
Form 4 or Form 5 obligations may continue. See Instruction 1(b). Form 5 obligations May continue. See Instruction See Instruction 1(b). Form 5 obligations May continue. See Instruction 1(b). Form 5 obligations May continue. See Instruction 1(c) (c) (c) (c) (c) (c) (c) (c) (c) (c)									
(Print or Type]	Responses)								
1. Name and A Macdonald	Address of Reporting Person Alistair	 2. Issuer Name : Symbol Syneos Health 	and Ticker or Tra	-	5. Relationship of Reporting Person(s) to Issuer				
(Last)	(First) (Middle	(First) (Middle) 3. Date of Earliest Transaction			(Chech	(Check all applicable)			
C/O SYNE SYNC STR	OS HEALTH, INC., 1 EET	(Month/Day/Year 30 01/28/2019	2019 <u>X</u> Officer below)			ive title 10% Owner below) f Executive Officer			
	4. If Amendment,	f Amendment, Date Original			6. Individual or Joint/Group Filing(Check				
MORRISV	ILLE, NC 27560	Year)		Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City)	(State) (Zip)	Table I - No	n-Derivative Sec	curities Aca	uired, Disposed of	or Beneficial	lv Owned		
1.Title of Security (Instr. 3)	any	Deemed 3. ution Date, if Transa Code uth/Day/Year) (Instr.	4. Securities action(A) or Dispo (Instr. 3, 4 a 8)	Acquired 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		
Class A	01/28/2010	F	2 207	\$	224 004	D			
Common Stock	01/28/2019	F	3,387 D	50.25	224,004	D			

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

Stock

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 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. of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	7. Titl Amou Under Secur (Instr.	nt of lying	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			
Macdonald Alistair C/O SYNEOS HEALTH, INC. 1030 SYNC STREET MORRISVILLE, NC 27560	Х		Chief Executive Officer				
Signatures							
/s/ Courtney Kamlet, Attorney-in-Fact		01/29/2019					
**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).

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.