COLVIN PAUL

Form 3

February 08, 2	2019							
				URITIES AND EXCHANGE COMMISSION		OMB APPROVAL		
	•		Washington,	D.C. 20549			OMB Number:	3235-0104
			SECUR	<b>T OF BENEFICIAL OWNERSHIP OF</b> <b>SECURITIES</b> 6(a) of the Securities Exchange Act of 1934.		Expires: January 3 20 Estimated average burden hours per	irs per	
		n 17(a) of 1	the Public Utility Hold (h) of the Investment	ing Compan	y Act of 1935		response on	0.5
(Print or Type Re	esponses)							
Person *	Person * Sta		2. Date of Event Requiring Statement (Month/Day/Year)	<sup>g</sup> 3. Issuer Name <b>and</b> Ticker or Trading Symbol Syneos Health, Inc. [SYNH]				
(Last)	(First)	(Middle)	02/01/2019	4. Relationsh Person(s) to			5. If Amendment, Date Original Filed(Month/Day/Year)	
C/O SYNEO INC., 1030				(Check	x all applicable)		-(	
MORRISVIL	(Street) LE, NCÂ	27560				Fili w) _X_ s Pers	ndividual or Joir ng(Check Applica Form filed by On on Form filed by Mo orting Person	able Line) he Reporting
(City)	(State)	(Zip)	Table I -	Non-Deriva	tive Securitie	es Benefi	cially Owned	1
1.Title of Securi (Instr. 4)	ty		2. Amount Beneficially (Instr. 4)	of Securities y Owned	Ownership	4. Nature o Ownership (Instr. 5)	of Indirect Benef	ïcial
Class A Com	mon Stock		15,346 (1)	2	D	Â		
Reminder: Report owned directly o		e line for ea	ch class of securities benefi	cially S	SEC 1473 (7-02)	,		
	informa require	tion conta d to respo	oond to the collection o ined in this form are no nd unless the form disp //B control number.	ot				

## Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)	3. Title and Amount of Securities Underlying Derivative Security	4. Conversion or Exercise	5. Ownership Form of	6. Nature of Indirect Beneficial Ownership (Instr. 5)
		(Instr. 4)	Price of	Derivative	(
		Title	Derivative Security	Security: Direct (D)	

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Date	Expiration	Amount or	or Indirect
Exercisable	Date	Number of	(I)
		Shares	(Instr. 5)

## **Reporting Owners**

Reporting Owner Name / Address	Relationships					
FB	Director	10% Owner	Officer	Other		
COLVIN PAUL C/O SYNEOS HEALTH, INC. 1030 SYNC STREET MORRISVILLE, NC 27560	Â	Â	Pres., Clinical Solutions	Â		
Signatures						
/s/ Courtney Kamlet, Attorney-in-Fact	02/08/2019					
<pre>**Signature of Reporting Person</pre>	Γ	Date				
Explanation of Pospanoas						

## **Explanation of Responses:**

- \* If the form is filed by more than one reporting person, see Instruction 5(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).

Includes: (i) 711 shares of shares of restricted stock units ("RSUs") that vest on January 2, 2020; (ii) 711 RSUs that vest on January 2, 2021; (iii) 710 RSUs that vest on January 2, 2022; (iv) 4,405 RSUs that vest on January 8, 2020; (v) 4,405 RSUs that vest on January 8, 2021; (vi) and 4,404 RSUs that vest on January 8, 2022, all subject to continued employment.

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.