Meggs Jason M. Form 3 March 02, 2018

FORM 3

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

OMB APPROVAL

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INITIAL STATEMENT OF 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. Name and Address of Reporting

Person *

Meggs Jason M.

(Last)

(First)

(Middle)

Statement

(Month/Day/Year)

02/21/2018

2. Date of Event Requiring 3. Issuer Name and Ticker or Trading Symbol

Syneos Health, Inc. [SYNH]

(Check all applicable)

4. Relationship of Reporting Person(s) to Issuer

5. If Amendment, Date Original

Filed(Month/Day/Year)

C/O SYNEOS HEALTH. INC., Â 3201 BEECHLEAF **COURT. SUITE 600**

(Street)

Director _X__ Officer

10% Owner

Other (give title below) (specify below) EVP and Interim CFO

6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting

Person

Form filed by More than One Reporting Person

RALEIGH, ÂNCÂ 27604

(City) (State) (Zip)

Table I - Non-Derivative Securities Beneficially Owned

1. Title of Security

(Instr. 4)

2. Amount of Securities Beneficially Owned

(Instr. 4)

3. Ownership Form:

4. Nature of Indirect Beneficial Ownership (Instr. 5)

Direct (D) or Indirect (I)

(Instr. 5)

Class A Common Stock

34,797 (1)

Â D

Reminder: Report on a separate line for each class of securities beneficially

owned directly or indirectly.

SEC 1473 (7-02)

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

1. Title of Derivative Security

2. Date Exercisable and **Expiration Date**

3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)

4. 5. Conversion Ownership or Exercise Form of

6. Nature of Indirect Beneficial Ownership (Instr. 5)

Derivative Security:

(Month/Day/Year)

Price of Derivative

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	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	Security	Direct (D) or Indirect (I) (Instr. 5)	
Stock Option (Right to Buy Class A Common Stock)	(2)	07/29/2025	Class A Common Stock	2,108	\$ 43.16	D	Â
Stock Option (Right to Buy Class A Common Stock)	(3)	01/19/2026	Class A Common Stock	2,600	\$ 42.88	D	Â
Stock Option (Right to Buy Class A Common Stock)	(4)	11/01/2026	Class A Common Stock	620	\$ 46	D	Â

Reporting Owners

Reporting Owner Name / Address	Relationships					
corporating of their statutory scalar cost	Director	10% Owner	Officer	Other		
Meggs Jason M. C/O SYNEOS HEALTH, INC. 3201 BEECHLEAF COURT, SUITE 600 RALEIGH Â NCÂ 27604	Â	Â	EVP and Interim CFO	Â		

Signatures

/s/ Donald R. Reynolds,
Attorney-in-Fact
03/02/2018

**Signature of Reporting Person Date

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) 1,054 shares of restricted stock units ("RSUs") that vest 527 shares on each of July 29, 2018 and July 29, 2019; (ii) 866 shares of RSUs that vest 433 shares on each of January 19, 2019 and January 19, 2020; (iii) 232 shares of RSUs that vest 78 shares on
- (1) November 1, 2018 and 77 shares on each of November 1, 2019 and November 2, 2020; (iv) 2,555 shares of RSUs that vest 1,278 shares on January 27, 2019 and 1,277 shares on January 27, 2020; and (v) 26,490 shares of RSUs that vest 8,830 shares on each of February 15, 2019, 2020 and 2021, subject to continued employment.
- (2) The shares subject to this option vest in four equal annual installments beginning on July 29, 2016 subject to continued employment.
- (3) The shares subject to this option vest in four equal annual installments beginning on January 19, 2017 subject to continue employment.
- (4) The shares subject to this option vest in four equal annual installments beginning on November 1, 2017 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.

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