Accretive Health, Inc. Form 4 August 14, 2014

FORM 4

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

OMB Number:

5. Relationship of Reporting Person(s) to

3235-0287

Expires:

January 31, 2005

0.5

Estimated average burden hours per

OMB APPROVAL

response...

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations

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

2. Issuer Name and Ticker or Trading

1(b).

Common

Stock

(Print or Type Responses)

1. Name and Address of Reporting Person *

08/12/2014

may continue.

See Instruction

| Csapo Pete | r P. | | Symbol Accretiv | e Health, | Inc. [ACI | HI] | Issuer (Char | ok all a nnlicabl e | a |
|---|--|--|---|---|---|--|--|--|---|
| (Last) (First) (Middle) 401 N. MICHIGAN AVENUE,SUITE 2700 | | | 3. Date of Earliest Transaction (Month/Day/Year) 08/12/2014 | | | | Check all applicable) Director 10% OwnerX_ Officer (give title Other (specify below) Treasurer and CFO | | |
| CHICAGO | | 4. If Amendment, Date Original Filed(Month/Day/Year) | | | | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person | | | |
| (City) | (State) | (Zip) | Tabl | e I - Non-D | erivative Se | curities Acq | uired, Disposed o | f, or Beneficial | ly Owned |
| 1.Title of Security (Instr. 3) | 2. Transaction Dat (Month/Day/Year) | | Date, if | 3. Transaction Code (Instr. 8) | 4. Securitie on(A) or Disp (Instr. 3, 4 | osed 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 Indirect Beneficial Ownership (Instr. 4) |

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

A

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02)required to respond unless the form displays a currently valid OMB control number.

200,000

D

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

200,000

(1)

\$0

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| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date 3A. Deemed (Month/Day/Year) Execution Date, if any (Month/Day/Year) | | 4. 5. Number of TransactionDerivative Code Securities (Instr. 8) Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | | | | 7. Title and Amount of Underlying Securities (Instr. 3 and 4) | |
|---|---|---|--|---|---------|---------------------|--------------------|---|----------------------------------|
| | | | | Code V | (A) (D | Date Exercisable | Expiration Date | Title | Amount or Number of Shares |
| Stock Option (Right to buy) | \$ 8.15 | 08/12/2014 | | A | 300,000 | (2) | 08/12/2024 | Common Stock | 300,000 |

Reporting Owners

Reporting Owner Name / Address

Relationships

Director 10% Owner Officer Other

Csapo Peter P. 401 N. MICHIGAN AVENUE, SUITE 2700 CHICAGO, IL 60611

Treasurer and CFO

Signatures

/s/ Daniel A. Zaccardo 08/14/2014

**Signature of Date
Reporting Person

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) These shares of common stock vest ratably on each of the first, second, third and fourth anniversaries of the date of grant.
- (2) The stock option vests ratably on each of the first, second, third and fourth anniversaries of the date of the grant.

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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