## Edgar Filing: Meggs Jason M. - Form 4

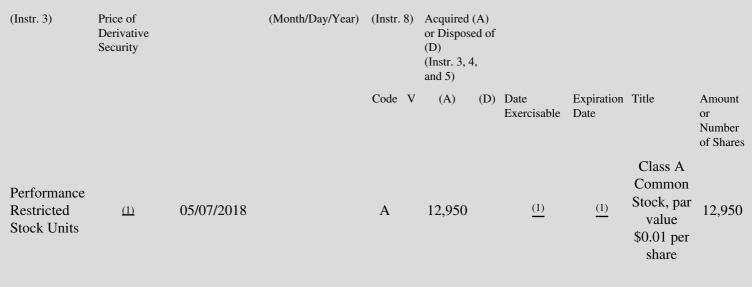
Meggs Jason Form 4	M.									
May 09, 201	8									
FORM	FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION							PPROVAL		
	UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549						N OMB Number:	3235-0287		
Check thi if no long	ter							Expires:	January 31,	
subject to Section 1 Form 4 or	6. <b>SIAIEN</b>	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES							2005 average Irs per	
Form 5							response	. 0.5		
obligation may cont <i>See</i> Instru 1(b).	ns Section 17(	(a) of the I	Public U	Jtility Ho	lding Cor		of 1935 or Section	on		
(Print or Type F	Responses)									
1. Name and Address of Reporting Person <u>*</u> Meggs Jason M.			2. Issuer Name <b>and</b> Ticker or Trading Symbol				5. Relationship of Reporting Person(s) to Issuer			
			Syneos Health, Inc. [SYNH]				(Check all applicable)			
(Last) (First) (Middle) C/O SYNEOS HEALTH, INC., 3201			3. Date of Earliest Transaction (Month/Day/Year) 05/07/2018				Director 10% Owner X_ Officer (give title Other (specify			
	AF COURT, SUI		0010112	2010			below) Chiet	below) f Financial Offic	cer	
(Street) RALEIGH, NC 27604			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			
	110 27001						Person			
(City)	(State)	(Zip)	Tab	ole I - Non-	Derivative	Securities A	Acquired, Disposed	of, or Beneficia	lly Owned	
	2. Transaction Date (Month/Day/Year)	2A. Deemo Execution any (Month/Da	Date, if	3.4. SecuritiesTransactionAcquired (A) orCodeDisposed of (D)(Instr. 8)(Instr. 3, 4 and 5)		(A) or of (D)	5. Amount of Securities Beneficially Owned Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Code V	Amount	<ul><li>(A)</li><li>or</li><li>(D) Price</li></ul>	Reported Transaction(s) (Instr. 3 and 4)			
Reminder: Rep	ort on a separate line	e for each cla	ass of sec	urities bene	ficially ow	ned directly	or indirectly.			
					inforn requi	nation con red to resp ays a curre	spond to the colle tained in this form ond unless the fo ntly valid OMB co	n are not rm	SEC 1474 (9-02)	

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5. Number of	6. Date Exercisable and	7. Title and Amount of
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	TransactionDerivative		Expiration Date	Underlying Securities
Security	or Exercise		any	Code	Securities	(Month/Day/Year)	(Instr. 3 and 4)

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## **Reporting Owners**

<b>Reporting Owner Name / Address</b>	Relationships					
	Director	10% Owner	Officer	Other		
Meggs Jason M. C/O SYNEOS HEALTH, INC. 3201 BEECHLEAF COURT, SUITE 600 RALEIGH, NC 27604			Chief Financial Officer			
Signatures						
1.1 Decrease 1. D. Decks 1						

/s/ Purvesh D. Patel,

Attorney-in-Fact

05/09/2018

Date

\*\*Signature of 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).

Each performance restricted stock unit ("PRSU") represents a contingent right to receive one share of Syneos Health, Inc. (the "Issuer") common stock. The PRSUs vest based up to one-third upon continuous service through the end of a three-year performance period and (1) the achievement of certain revenue growth goals during each of 2018, 2019 and 2020. Vesting of target PRSUs may accelerate in certain

circumstances, including if upon the holder's termination due to death, disability or retirement, or if the holder's employment is terminated without cause or the holder resigns for good reason under certain circumstances in connection with a change in control of the Issuer during any performance period.

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.