PRA Health Sciences, Inc.

Form 4

March 29, 2017

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES**

Expires: 2005 Estimated average burden hours per response... 0.5

OMB APPROVAL

3235-0287

January 31,

OMB

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Number:

Section 16. Form 4 or Form 5 obligations may continue. See Instruction

Check this box

if no longer

subject to

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

1(b).

(Print or Type Responses)

03/27/2017

03/27/2017

03/27/2017

03/27/2017

Stock

Stock

Stock

Stock

Common

Common

Common

1. Name and Address of Reporting Person * Dockhorn David W			Symbol	2. Issuer Name and Ticker or Trading Symbol				5. Relationship of Reporting Person(s) to Issuer			
(Last) (First) (Middle) 3.			3. Date of (Month/D) (Mont	PRA Health Sciences, Inc. [PRAH] 3. Date of Earliest Transaction (Month/Day/Year) 03/27/2017			-	(Check all applicable) Director 10% OwnerX Officer (give title Other (specify below) Executive Vice President & CCO			
	RALEIGH,	(Street) NC 27612		ndment, Da nth/Day/Year	nte Original			6. Individual or Joi Applicable Line) _X_ Form filed by O Form filed by M Person	ne Reporting Per	rson	
	(City)	(State) (Z	Zip) Tabl	e I - Non-E	Derivative S	Securit	ies Acqu	ired, Disposed of,	or Beneficiall	y Owned	
	1.Title of Security (Instr. 3)		2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)	4. Securiti or(A) or Dis (Instr. 3, 4	sposed o	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)	
	Common	03/27/2017		М	55 574	Δ	\$ 2 01	55 574	D		

55,574 A

55,574 D

29,608 D

29,608

\$ 2.94 55,574

0

0

29,608

\$ 62

\$ 62

M

 $S^{(1)}$

M

 $S_{-}^{(1)}$

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

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

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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 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. Transaction Code (Instr. 8)	5. Number of or Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)		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)	\$ 2.94	03/27/2017		M	55,574	(2)	12/21/2017	Common Stock	55,574
Stock Option (Right to Buy)	\$ 11.73	03/27/2017		M	29,608	(3)	12/20/2023	Common Stock	29,608

Reporting Owners

Reporting Owner Name / Address	Relationships						
,	Director	10% Owner	Officer	Other			
Dockhorn David W C/O PRA HEALTH SCIENCES, INC. 4130 PARKLAKE AVENUE, SUITE 400 RALEIGH, NC 27612			Executive Vice President & CCO				

Signatures

By: /s/ Timothy J. McClain, by power of attorney 03/29/2017

**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).
- (1) The sales reported in this Form 4 were effected pursuant to a Rule 10b5-1 trading plan.
- (2) The options vested on September 23, 2013.

Reporting Owners 2

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(3) 17,054 of the options vested on September 23, 2014; 12,554 of the options vested on September 23, 2015.

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.