Civitas Solutions, Inc.

Form 4											
September 18	Л	ED STATE	- T	OMB APPROVAL							
		Washington, D.C. 20549					Number:	3235-0287			
Check this if no long subject to Section 16 Form 4 or	er STAT	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHI SECURITIES								Estimated average burden hours per	
Form 5 obligations may continue. See Instruction 1(b). 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 R	esponses)										
1. Name and Address of Reporting Person * 2 FEDERICO KATHLEEN P. Sy:				Name and	Ticker or T	Fradin	g	5. Relationship of Reporting Person(s) to Issuer			
	Civitas S	Civitas Solutions, Inc. [CIVI]					(Check all applicable)				
(Last) (First) (Middle) C/O CIVITAS SOLUTIONS,			3. Date of Earliest Transaction (Month/Day/Year) 09/16/2014					Director 10% Owner X Officer (give title Other (specify below) below)			
INC., 313 CO						Chief Human Resources Officer					
(Street)			4. If Amendment, Date Original					6. Individual or Joint/Group Filing(Check			
BOSTON, M	Filed(Mon	onth/Day/Year)				Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City)	(State)	(Zip)	Table	I Non D	orivotivo S	oouri	tios A a		f or Bonoficia	lly Ownod	
1.Title of Security (Instr. 3)	2. Transaction (Month/Day/Y	Date 2A. De ear) Executi any		3. Transactio Code (Instr. 8)	4. Securit onAcquired Disposed (Instr. 3, Amount	ties (A) of of (D 4 and (A) or	or D)	quired, Disposed o 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 Stock	09/16/2014			А	9,265 (1)	А	\$0	9,265	D		

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.

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

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

1. Title of 3. Transaction Date 3A. Deemed 4. 5. Number of 6. Date Exercisable and 7. Title and Amount of 2. Derivative Conversion (Month/Day/Year) Execution Date, if TransactionDerivative Expiration Date **Underlying Securities** (Instr. 3 and 4) Security or Exercise any Code Securities (Month/Day/Year) Acquired (A) (Instr. 3) Price of (Month/Day/Year) (Instr. 8) Derivative or Disposed of Security (D) (Instr. 3, 4, and 5) Amount Expiration Date or Title Exercisable Date Number Code V (A) (D) of Shares Employee Stock Common \$17 09/16/2014 (2) 09/16/2024 20,543 Option 20,543 А Stock (right to buy)

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Reporting Owners

Reporting Owner Name / Address	Relationships							
	Director	10% Owner	Officer	Other				
FEDERICO KATHLEEN P. C/O CIVITAS SOLUTIONS, INC. 313 CONGRESS STREET BOSTON, MA 02210			Chief Human Resources Officer					
Signatures								
/s/ Linda De Renzo, by power of attorney		09/18/2014	4					

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).
- Represents restricted stock units issued to the reporting person. The restricted stock units are subject to the terms and conditions of the(1) Civitas Solutions, Inc. 2014 Omnibus Incentive Plan, and vest in three equal annual increments over a three-year period, with the first vesting date on September 16, 2015.
- (2) The stock options are subject to the terms and conditions of the Civitas Solutions, Inc. 2014 Omnibus Incentive Plan, and vest in three equal annual installments, with the first vesting date on September 16, 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.