Civitas Solutions, Inc. Form 4 March 07, 2017

## FORM 4

# UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

Washington, D.C. 20549

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

Form 5 obligations may continue.

See Instruction

**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(b).

(Last)

Stock

1. Name and Address of Reporting Person \* HOLLER DENIS M.

> (First) (Middle)

C/O CIVITAS SOLUTIONS. INC., 313 CONGRESS STREET

(Street)

2. Issuer Name and Ticker or Trading Symbol

Civitas Solutions, Inc. [CIVI]

3. Date of Earliest Transaction (Month/Day/Year)

03/03/2017

4. If Amendment, Date Original Filed(Month/Day/Year)

3.

5. Relationship of Reporting Person(s) to Issuer

**OMB APPROVAL** 

3235-0287

January 31,

2005

0.5

**OMB** 

Number:

Expires:

response...

Estimated average

burden hours per

(Check all applicable)

Director 10% Owner X\_ Officer (give title Other (specify below)

below) Chief Financial Officer

6. Individual or Joint/Group Filing(Check

Applicable Line)

\_X\_ Form filed by One Reporting Person Form filed by More than One Reporting

Person

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

(City) (State)

BOSTON, MA 02210

1.Title of 2. Transaction Date 2A. Deemed Security (Month/Day/Year) Execution Date, if (Instr. 3)

(Month/Day/Year)

TransactionAcquired (A) or Code Disposed of (D) (Instr. 8)

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

4. Securities (Instr. 3, 4 and 5) 5. Amount of Securities Beneficially Owned Following Reported

373,444

Form: Direct (D) or Indirect (I) (Instr. 4)

6. Ownership 7. Nature of Indirect Beneficial Ownership (Instr. 4)

(9-02)

(A) Transaction(s) or (Instr. 3 and 4) Price

Common 03/03/2017

(Zip)

Code V Amount (D) 7,084 A \$0 (1)

D

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

Persons who respond to the collection of SEC 1474 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

#### Edgar Filing: Civitas Solutions, Inc. - Form 4

| 1. Title of<br>Derivative<br>Security<br>(Instr. 3) | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security | 3. Transaction Date<br>(Month/Day/Year) | 3A. Deemed<br>Execution Date, if<br>any<br>(Month/Day/Year) | 4.<br>Transaction<br>Code<br>(Instr. 8) | 5.  onNumber of Derivative Securities Acquired (A) or Disposed of (D) |                     | ate                | 7. Title a<br>Amount of<br>Underlying<br>Securities<br>(Instr. 3 a | of<br>ng<br>s | 8. Price of<br>Derivative<br>Security<br>(Instr. 5) | 9. Nu<br>Deriv<br>Secur<br>Bene<br>Owne<br>Follo<br>Repo<br>Trans<br>(Instr |
|---|---|---|---|---|---|---------------------|--------------------|--|---------------|---|---|
|   |   |   |   | Code V                                  | (Instr. 3, 4, and 5)  (A) (D)   | Date<br>Exercisable | Expiration<br>Date | or<br>Title Nu<br>of   | umber         |   |   |

## **Reporting Owners**

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

HOLLER DENIS M. C/O CIVITAS SOLUTIONS, INC. 313 CONGRESS STREET BOSTON, MA 02210

Chief Financial Officer

## **Signatures**

/s/ Gina L. Martin, by power of attorney

03/07/2001

\*\*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).

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 50% on the second anniversary of the grant date and the remaining 50% on the third anniversary of the grant date.

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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