Civitas Solutions, Inc. Form 4 May 11, 2017

## FORM 4

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

**SECURITIES** 

OMB Number:

3235-0287

Expires: January 31, 2005
Estimated average

**OMB APPROVAL** 

Estimated average burden hours per response... 0.5

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

Form 5 Filed obligations may continue.

See Instruction

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).

Common

Common

Stock

Stock

05/09/2017

05/10/2017

DE RENZO	Address of Reporting O LINDA	Symbol	2. Issuer Name and Ticker or Trading Symbol Civitas Solutions, Inc. [CIVI]			S. Relationship of Reporting Person(s) to Issuer  (Check all applicable)			
(Last)	(First) (		3. Date of Earliest Transaction						
C/O CIVIT	TAS SOLUTIONS	(Month/I 05/09/2	(Month/Day/Year) 05/09/2017				Director 10% Owner Specify below)		
	(Street)		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			
BOSTON,	MA 02210						Form filed by M Person	More than One Re	porting
(City)	(State)	(Zip) Tab	le I - Non-D	erivative S	Securi	ities Acq	uired, Disposed o	f, or Beneficial	ly Owned
1.Title of Security (Instr. 3)	2. Transaction Dat (Month/Day/Year)		3. Transaction Code (Instr. 8)	4. Securit on(A) or Di (Instr. 3,	sposed	of (D) (5) Price	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)
~						\$			

4,891

109

D

D

18.74

(2)

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

 $S^{(1)}$ 

 $S_{\underline{1}}^{(1)}$ 

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SEC 1474

(9-02)

191,443

\$ 18.7 191,334

D

D

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

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

1. Title o	of 2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exerc	cisable and	7. Titl	le and	8. Price of	9. Nu
Derivativ	ve Conversion	(Month/Day/Year)	Execution Date, if	Transaction	orNumber	Expiration D	ate	Amou	ınt of	Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Under	rlying	Security	Secui
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Secur	rities	(Instr. 5)	Bene
	Derivative				Securities			(Instr.	. 3 and 4)		Owne
	Security				Acquired						Follo
	•				(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
					(Instr. 3,						
					4, and 5)						
									A		
									Amount		
						Date	Expiration	T:41-	or Namel		
						Exercisable	Date	Title	Number		
				C-1- V	(A) (D)				of Shares		
				Code V	(A) (I))				Snares		

### **Reporting Owners**

Relationships Reporting Owner Name / Address

> Officer Other Director 10% Owner

DE RENZO LINDA C/O CIVITAS SOLUTIONS, INC. 313 CONGRESS STREET BOSTON, MA 02210

\* See Remarks

### **Signatures**

s/ Gina L. Martin, by power of attorney

05/11/2017

\*\*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 adopted by the reporting person on March 8, 2017.
  - The transaction was executed in multiple trades on May 9, 2017 at prices ranging from \$18.70 to \$18.85. Information regarding the
- (2) number of shares sold at each separate price will be provided upon request of the Securities and Exchange Commission, the issuer, or a security holder of the issuer.

#### **Remarks:**

Chief Legal Officer, General Counsel, and Secretary

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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