DE RENZO LINDA

Form 4 October 11, 2017

FORM 4

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

OMB Number: 3235-0287

OMB APPROVAL

Check this box if no longer subject to Section 16.

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Expires: January 31, 2005
Estimated average

Form 4 or Form 5 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

burden hours per response... 0.5

1(b).

(Instr. 3)

Common

Stock

10/09/2017

(Print or Type Responses)

1. Name and A DE RENZO	rting Pers	Symbol	2. Issuer Name and Ticker or Trading Symbol Civitas Solutions, Inc. [CIVI]			5. Relationship of Reporting Person(s) to Issuer					
(Last)	(First)	(Midd	3. Date of (Month/Da	Earliest Tra	ansaction	Director	ck all applicable				
C/O CIVITAS SOLUTIONS, INC., 313 CONGRESS STREET			10/09/20	•		Officer (give title Other (specify below)					
(Street)			4. If Amer	4. If Amendment, Date Original			6. Individual or Joint/Group Filing(Check				
BOSTON, N		Filed(Mont	Filed(Month/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	erivative Securities Acq		f, or Beneficial	ly Owned			
1.Title of	2. Transaction			3.	4. Securities Acquired		6. Ownership				
Security	(Month/Day/	rear) E	xecution Date, if	Transactio	on(A) or Disposed of	Securities	Form: Direct	Indirect			

(D)

Code V Amount

100

(Instr. 3, 4 and 5)

(A)

(D)

D

Price

18.7

Code

 $S^{(1)}$

(Instr. 8)

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

(Month/Day/Year)

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.

SEC 1474

(9-02)

Beneficially

Owned

Following

Reported

170,215

Transaction(s) (Instr. 3 and 4)

(D) or

D

Indirect (I)

(Instr. 4)

Beneficial

Ownership

(Instr. 4)

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

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1. Title of	2.	3. Transaction Date		4.	5.	6. Date Exerc		7. Titl		8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transacti	orNumber	Expiration D	ate	Amou	ınt of	Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Under	lying	Security	Secui
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Securi	ities	(Instr. 5)	Bene
	Derivative		•		Securities	3		(Instr.	3 and 4)		Owne
	Security				Acquired						Follo
					(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
					(Instr. 3,						(2.11541
					4, and 5)						
					i, and 3)						
									Amount		
						Data	Evaluation		or		
						Date Exercisable	Expiration Date	Title	Number		
									of		
				Code V	(A) (D)				Shares		

Reporting Owners

Reporting Owner Name / Address

Director 10% Owner Officer Other

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

10/11/2017

**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.

Remarks:

Chief Legal Officer, General Counsel & 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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