#### **COHEN JEFFREY MICHAEL**

Form 4 October 03, 2018

### FORM 4

Check this box

if no longer

subject to

Form 4 or

Form 5

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

OMB Number:

3235-0287

0.5

January 31, Expires: 2005

**OMB APPROVAL** 

Estimated average

burden hours per response...

5. Relationship of Reporting Person(s) to

**SECURITIES** Section 16. obligations

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 may continue. 30(h) of the Investment Company Act of 1940 See Instruction

2. Issuer Name and Ticker or Trading

1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person \*

COHEN JEFFREY MICHAEL Sy			Symbol					Issuer			
			Civitas Solutions, Inc. [CIVI]					(Check all applicable)			
(Last)	(First)	(Middle)	3. Date of Earliest Transaction					(Check all approach)			
C/O CIVITAS SOLUTIONS,			(Month/Day/Year) 10/01/2018					Director _X_ Officer (give		Owner er (specify	
INC., 313 CONGRESS STREET			10/01/2016					below) below) Chief Information Officer			
(Street) 4.				4. If Amendment, Date Original				6. Individual or Joint/Group Filing(Check			
File				Filed(Month/Day/Year)				Applicable Line) _X_ Form filed by One Reporting Person			
BOSTON, I	MA 02210								More than One Re		
(City)	(State)	(Zip)	Table	e I - Non-D	erivative	Secur	ities Acq	uired, Disposed o	f, or Beneficial	ly Owned	
1.Title of	2. Transaction Da			3.	4. Securi		-	5. Amount of	6. Ownership		
Security (Month/Day/Year) Execution D			Date, if Transaction(A) or Disposed of (D)  Code (Instr. 3, 4 and 5)				Securities Form: Direct Indirect Beneficially (D) or Beneficial				
(Instr. 3)		any (Month/Da	av/Year)	(Instr. 8)	(IIISII. 3,	4 and	3)	Owned	Indirect (I)	Ownership	
		`		,				Following	(Instr. 4)	(Instr. 4)	
								υ	(111301. 4)	(111301. 7)	
						(A)		Reported	(III3ti. +)	(III3u: +)	
				Code V	Amount	(A) or (D)	Price	υ	(IIISU: +)	(IIIsu: 4)	

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 (9-02)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)

#### Edgar Filing: COHEN JEFFREY MICHAEL - Form 4

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. Transactio Code (Instr. 8)	5.  onNumber of Derivative Securities Acquired (A) or Disposed of (D)		ate	7. Title and Amount of Underlying Securities (Instr. 3 and 4)	of ng s	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owne Follo Repo Trans (Instr
				Code V	(Instr. 3, 4, and 5)  (A) (D)	Date Exercisable	Expiration Date	or Title Nu of	umber		

# **Reporting Owners**

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

COHEN JEFFREY MICHAEL C/O CIVITAS SOLUTIONS, INC. 313 CONGRESS STREET BOSTON, MA 02210

Chief Information Officer

# **Signatures**

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

10/03/2018

\*\*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 May 30, 2018. 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.

Reporting Owners 2