Edgar Filing: HOLLER DENIS M. - Form 4

| Form 4 September 22 | | | | | | | | | | | | | |
|--|--|-----------------|--------------------------------|---|-----|---|--------|------------|---|--|-------------------------|--|--|
| FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 | | | | | | | | | | | MB APPROVAL 3235-028 | | |
| Check this if no long subject to Section 16 Form 4 or Form 5 obligation may conti <i>See</i> Instru 1(b). | er STATEN 5. 5. Filed pur ¹⁸ Section 17(| | | | | | | | | January 31 Expires: 2005 Estimated average burden hours per response 0.5 | | | |
| (Print or Type R | esponses) | | | | | | | | | | | | |
| HOLLER DENIS M. Symbol | | | | r Name and Ticker or Trading Solutions, Inc. [CIVI] | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | |
| (Last)(First)(Middle)3. Date of (Month/DaC/O CIVITAS SOLUTIONS, INC., 313 CONGRESS STREET09/21/20 | | | | . | | | | | Director 10% Owner Officer (give title Other (specify below) below) Chief Financial Officer | | | | |
| | | | | ndment, Date Original th/Day/Year) | | | | | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person | | | | |
| BOSTON, M | IA 02210 | | | | | | | | Form filed by M Person | | | | |
| (City) | (State) | (Zip) | Table | e I - Non | -De | erivative S | Securi | ties Acc | uired, Disposed of | f, or Beneficial | lly Owned | | |
| 1.Title of Security (Instr. 3) | 2. Transaction Dat (Month/Day/Year) | Executio any | ned n Date, if Day/Year) | Code (Instr. 8 | 3) | 4. Securit n(A) or Di (D) (Instr. 3, Amount | sposed | d of | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | | |
| Common Stock | 09/21/2017 | | | S <u>(1)</u> | | 528 | D | \$ 19.1 | 296,601 | 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)

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| 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. Transactic Code (Instr. 8) | 5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | | ate | Secur | int of rlying | 8. Price of Derivative Security (Instr. 5) | 9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr |
|---|---|---|---|--|---|---------------------|--------------------|-------|--|---|--|
| | | | | Code V | (A) (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | |

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 | | 09/22/2017 | | | | | | |
| **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 13, 2017.

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.