Civitas Solutions, Inc. Form 3 October 05, 2015 UNITED STATES SECURITIES AND EXCHANGE COMMISSION OMB APPROVAL FORM 3 Washington, D.C. 20549 OMB

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF 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

0005 0104

Number:	3235-0104					
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response	0.5					

(Print or Type Responses)

1. Title (Instr. 4

Person * St		2. Date of Event Requiring Statement (Month/Day/Year)	3. Issuer Name and Ticker or Trading Symbol Civitas Solutions, Inc. [CIVI]					
(Last)	(First)	(Middle)	10/01/2015	4. Relationship of Reporting Person(s) to Issuer		5. If Amendment, Date Original Filed(Month/Day/Year)		
C/O CIVITAS SOLUTIONS, INC., 313 CONGRESS STREET (Street)			(Check all applicable) X_ Director 10% Owner Officer Other		6. Individual or Joint/Group			
BOSTON,Â	MAÂ 0221	(Zip)	Tabla I	(give title below) (specify below)			Filing(Check Applicable Line) _X_Form filed by One Reporting Person Form filed by More than One Reporting Person	
1.Title of Securi (Instr. 4)	× /			of Securities	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)		ure of Indirect Beneficial rship	
Reminder: Repo owned directly c	or indirectly. Persor inform	ns who res ation conta	ch class of securities benefi pond to the collection o ained in this form are no nd unless the form disp	f ot	EC 1473 (7-02)		

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

currently valid OMB control number.

e of Derivative Security 4)	Expiration Date		Securities Underlying		4. Conversion or Exercise Price of	5. Ownership Form of Derivative	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date	Title	Amount or Number of	Derivative Security	Security: Direct (D)	

Shares

or Indirect (I) (Instr. 5)

Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
TOCIO MARY ANN C/O CIVITAS SOLUTIONS, INC. 313 CONGRESS STREET BOSTON, MA 02210	ÂX	Â	Â	Â			
Signatures							
/s/ Gina Martin, by power of attorney	10/05/2015						
**Signature of Reporting Person		Date					
Explanation of Responses:							

No securities are beneficially owned

- * If the form is filed by more than one reporting person, *see* Instruction 5(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).

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Remarks:

Exhibit List - Exhibit 24.1 - Power of Attorney

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.