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Civitas Soluti	ions, Inc.										
Form 4											
January 15, 2	016										
FORM	4					~~~				PPROVAL	
	UNITE	D STATES		ITIES A hington,			NGE (COMMISSION	OMB Number:	3235-0287	
Check this if no long	or								Expires:	January 31 2005	
subject to	STATI	EMENT O	F CHAN	GES IN BENEFICIAL OW				NERSHIP OF	Estimated		
Section 10		SECU!				JRITIES				irs per	
Form 4 or Form 5		Filed pursuant to Section 16(a) of the Securities Exchange						- A	response 0.		
obligation									-		
may conti	nue. Section 1		of the In	•	•			f 1935 or Sectio	n		
See Instru 1(b).	ction	50(II)	of the m	vestment	Compan	y Aci	01 194	40			
1(0).											
(Print or Type R	esponses)										
	ddress of Reportin	-	2. Issuer	Name and	Ticker or '	Гradin	g	5. Relationship of Reporting Person(s) to			
COHEN JEFFREY MICHAEL Symbo				bol				Issuer			
Ci				Civitas Solutions, Inc. [CIVI]				(Check all applicable)			
(Last) (First) (Middle) 3. D			3. Date of	3. Date of Earliest Transaction				(encer un applicable)			
				/onth/Day/Year)				Director 10% Owner			
C/O CIVITAS SOLUTIONS, 01/13				01/13/2016				Officer (give title Other (specify below) below)			
INC., 313 C	ONGRESS ST	FREET						· · · · · · · · · · · · · · · · · · ·	formation Off	icer	
	(Street)		4. If Ame	ndment. Dat	te Original			6. Individual or Jo	oint/Group Fili	ng(Check	
				. If Amendment, Date Original iled(Month/Day/Year)				Applicable Line)			
				•				_X_ Form filed by 0			
BOSTON, M	1A 02210							Form filed by N Person	Iore than One R	eporting	
(City)	(State)	(Zip)			• .• .						
(eng)	(State)	(24)	Table	e I - Non-D	erivative S	Securi	ties Aco	quired, Disposed of	f, or Beneficia	lly Owned	
1.Title of	2. Transaction I			3.	4. Securi				6. Ownership		
Security (Instr. 3)	(Month/Day/Ye	any ear) execution	on Date, if	Code	onAcquired Disposed			Securities Beneficially	Form: Direct (D) or	Indirect Beneficial	
(mour o)		•	Day/Year) (Instr. 8) (Instr. 3, 4 and					Indirect (I)	Ownership		
									(Instr. 4)	(Instr. 4)	
						(A)		Reported Transaction(s)			
						or	D.	(Instr. 3 and 4)			
Common				Code V	Amount 4,100	(D)	Price				
Stock	01/13/2016			А	(1)	А	\$0	76,255	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)

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. Transacti Code (Instr. 8)	5. Number on f Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exerce Expiration D (Month/Day/	ate	Underlying Securiti		8 E S (1
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Employee Stock Option (right to buy)	\$ 25.1	01/13/2016		А	5,600	(2)	12/03/2025	Common Stock	5,600	

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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		01/15/2016					
**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).

Represents restricted stock units issued to the reporting person. The restricted stock units are subject to the terms and conditions of the(1) Civitas Solutions, Inc. 2014 Omnibus Incentive Plan, and vest in three equal annual increments over a three-year period, with the first vesting date on December 3, 2016.

(2) The stock options are subject to the terms and conditions of the Civitas Solutions, Inc. 2014 Omnibus Incentive Plan, and vest in three equal annual increments over a three-year period, with the first vesting date on December 3, 2016.

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.