Accretive Health, Inc. Form 3 May 28, 2015 FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 OMB APPROVAL OMB Number: 3235-0104

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

(Print or Type Responses)

1. Name and Address of Reporting Person <u>*</u> Hammond Michael B.	2. Date of Event RequiringStatement(Month/Day/Year)	3. Issuer Name and Ticker or Trading Symbol Accretive Health, Inc. [ACHI]						
(Last) (First) (Middle)	05/19/2015		5. If Amendment, Date Original Filed(Month/Day/Year)					
401 N MICHIGAN AVE, SUITE 2700		(Check all applicable)	,					
(Street)		OfficerOther Filing(Check Ap	. Individual or Joint/Group iling(Check Applicable Line) X_ Form filed by One Reporting					
CHICAGO, IL 60611		Person	More than One					
(City) (State) (Zip)	Table I - Non-Derivative Securities Beneficially Owned							
1.Title of Security (Instr. 4)	2. Amount of Beneficially (Instr. 4)		eneficial					
Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly. SEC 1473 (7-02)								
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 Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)								

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Securities Underlying Derivative Security		4. Conversion or Exercise	5. Ownership Form of	6. Nature of Indirect Beneficial Ownership (Instr. 5)
			(Instr. 4)		Price of Derivative		
	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	Derivative Security	Security: Direct (D) or Indirect (I)	

January 31,

2005

0.5

Expires:

response...

Estimated average burden hours per

(Instr. 5)

Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
Hammond Michael B. 401 N MICHIGAN AVE SUITE 2700 CHICAGO, IL 60611	ÂX	Â	Â	Â			
Signatures							
Daniel A. Zaccardo, Attorney-in-Fact		05/28/201	5				
<u>**</u> Signature of Reporting Person		Date					
Explanation of Deenenaaa							

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).

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.