FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

OMB APPROVAL									
OMB Number:	3235-0287								
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Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person*  Macdonald Alistair					Syne	2. Issuer Name and Ticker or Trading Symbol Syneos Health, Inc. [SYNH]								(Che	5. Relationship of Reporting Person(s) to Issue (Check all applicable)  X Director 10% Owner				
(Last)	(Firs	,	Middle)			3. Date of Earliest Transaction (Month/Day/Year) 02/15/2018									below)			Other (s below) e Officer	specify
3201 BEECHLEAF COURT, SUITE 600						4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street) RALEIGH NC 27604														l '	X Form filed by One Reporting Person Form filed by More than One Reporting Person				
(City)	(Sta	ate) (Z	ľip)																
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																		
1. Title of Security (Instr. 3)  2. Transactic Date (Month/Day/					y/Year) i	Execution Date,			Transaction Disp			curities Acquired ( esed Of (D) (Instr. 3 )			5. Amor Securiti Benefic Owned Followi	ties Fo		n: Direct or rect (I)	7. Nature of Indirect Beneficial Ownership
									Code	v	Amount	nt (A) or (D)		Price	Reporte Transac			r. 4)	(Instr. 4)
Class A Common Stock 02/15/20						018		A		79,470 <sup>(1)</sup> A		4	\$ <mark>0</mark>	174	174,243		D		
	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)	ative Conversion Date Execution Date, ity or Exercise (Month/Day/Year) if any		tion Date,	4. Transaction Code (Instr 8)		tion of		6. Date Exercisable an Expiration Date (Month/Day/Year)			7. Title Amoun Securit Underly Derivat Securit and 4)	t of es ving ve		8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	у	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisab		expiration Date	Title	or	ount nber res					
Performance Restricted Stock Units	(2)	02/15/2018			A		79,470		(2)		(2)	Class A Commo Stock, par valu \$0.01 po share	n e 79,	470	<b>\$</b> 0	79,470		D	

## Explanation of Responses:

- 1. Represents an award of restricted stock units which vests in three equal annual installments of 33 1/3% beginning on February 15, 2019 subject to continued employment.
- 2. Each performance restricted stock unit ("PRSU") represents a contingent right to receive one share of Syneos Health, Inc. (the "Issuer") common stock. The PRSUs vest based up to one-third upon continuous service through the end of a three-year performance period and the achievement of certain revenue growth goals during each of 2018, 2019 and 2020. Vesting of target PRSUs may accelerate in certain circumstances, including if upon the holder's termination due to death, disability or retirement, or if the holder's employment is terminated without cause or the holder resigns for good reason under certain circumstances in connection with a change in control of the Issuer during any performance period.

## Remarks:

/s/ Donald R. Reynolds, Attorney-in-Fact

02/20/2018

\*\* Signature of Reporting Person

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- \* 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).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

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 Number.