## Edgar Filing: PROVIDENCE SERVICE CORP - Form 4

PROVIDEN Form 4	CE SERVICE CO	ORP									
March 31, 20	015										
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION									OMB AF	OMB APPROVAL	
Check this box								OMB Number:	3235-0287		
if no long	CHANCI	HANGES IN BENEFICIAL OWNERSHIP OF SECURITIES					Expires:	January 31, 2005			
subject to Section 1 Form 4 o							Estimated average burden hours per				
Form 5	-	suant to Se	ection 16(a	a) of the	Securit	ies E	xchange	e Act of 1934,	response	0.5	
obligatio	ns Section 170						-	1935 or Section	n		
<i>See</i> Instruction 1(a) of the Investment Company Act of 1940 1(b).											
(Print or Type I	Responses)										
SCHWARZ HERMAN MARK Symbol				er Name and Ticker or Trading IDENCE SERVICE CORP				5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
(Last)	(First) (N			rliggt Tro	neastion			Director	10%	Owner	
				e of Earliest Transaction h/Day/Year)			X Officer (give title Other (specify				
			03/28/2015					below) below) CEO-LogistiCare			
			4. If Amendment, Date Original			6. Individual or Joint/Group Filing(Check					
				ed(Month/Day/Year)				Applicable Line)			
TUCSON, AZ 85701					_X_ Form filed by One Repo Form filed by More than Person						
(City)	(State)	(Zip)	Table I -	- Non-De	erivative	Secur	ities Aca	uired, Disposed of	. or Beneficial	v Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	Execution any	ed 3. Date, if Tr Co ay/Year) (In	ransactior ode	4. Securi (A) or Di (Instr. 3,	ties Ao spose	cquired d of (D) 5) Price	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of	
Common Stock	03/28/2015		F	<u>z(1)</u>	859	D	\$ 51.35	43,972	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)	3. Transaction Date (Month/Day/Year)	Code	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	7. Titl Amou Under Secur (Instr.	unt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owne Follo Repo Trans (Instr
		Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

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## **Reporting Owners**

<b>Reporting Owner Name / Address</b>	Relationships							
	Director	10% Owner	Officer	Other				
SCHWARZ HERMAN MARK 64 E BROADWAY TUCSON, AZ 85701			CEO-LogistiCare					
Signatures								
/s/ Kevin Moore, Attorney-in-fact	03/3	31/2015						
<u>**</u> 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) These shares are being surrendered to the issuer by the reporting person to cover the reporting person's income tax liability associated with the vesting and issuance of restricted stock previously awarded by the issuer to the reporting person.

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.