1. Name and Address of Reporting Person

**Young Matthew P.**

(First)  
(C/O PRA HEALTH SCIENCES, INC.  
4130 PARKLAKE AVENUE, SUITE 400  
RALEIGH NC 27612)

(Street)  
(City)  
(State)  
(Zip)

2. Issuer Name and Ticker or Trading Symbol

**PRA Health Sciences, Inc. [ PRAH ]**

3. Date of Earliest Transaction (Month/Day/Year)

05/18/2020

4. Relationship of Reporting Person(s) to Issuer

Director  
10% Owner  
Officer (give title below)  
Other (specify below)

5. Date of Original Filed (Month/Day/Year)

05/20/2020

6. Individual or Joint/Group Filing (Check Applicable Line)

Form filed by One Reporting Person  
Form filed by More than One Reporting Person

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### Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

<table>
<thead>
<tr>
<th>Title of Security</th>
<th>Transaction Code</th>
<th>Securities Acquired (A) or Disposed Of (D)</th>
<th>Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)</th>
<th>Code</th>
<th>V</th>
<th>(A) or (D)</th>
<th>Price</th>
<th>Ownership Form</th>
<th>Nature of Indirect Beneficial Ownership (Instr. 4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Common Stock</td>
<td></td>
<td>A (1) 1,324 A</td>
<td>$0 6,877 D</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Direct (D)</td>
<td>Indirect (I)</td>
</tr>
</tbody>
</table>

**Explanation of Responses:**

1. Represents a grant of restricted stock that will vest on the first anniversary of the grant date, subject to continued service on such date.

By: /s/ Jessica Nielsen Causey  
05/20/2020  
by power of attorney

**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).


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.