

[] Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. *See* Instruction 1(b).

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

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 *					2. I	2. Issuer Name and Ticker or Trading Symbol									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
Costa Michael Ray						American Renal Associates Holdings, Inc. [ARA]									Director 10% Owner					
(Last)	(Last) (First) (Middle)				3. I	3. Date of Earliest Transaction (MM/DD/YYYY)									X Officer (give title below) Other (specify below) VP and General Counsel					
C/O ARAH INC., 500 CUMMING CENTER, SUITE 6550						3/10/2017														
-					4. I	4. If Amendment, Date Original Filed (MM/DD/YYYY)								D/YYY	6. Individual or Joint/Group Filing (Check Applicable Line)					
BEVERLY, MA 01915 (City) (State) (Zip)															_ X _ Form filed by One Reporting Person Form filed by More than One Reporting Person					
			Table l	I - Non	-Der	ivati	ive Seci	uritie	s Ac	quire	ed, D	ispo	sed o	of, or l	3en	eficially Owne	d			
1.Title of Security (Instr. 3) 2. Trans. D								3. Trans. Code (Instr. 8)			4. Securities Acq or Disposed of (I (Instr. 3, 4 and 5)		D) Fol		5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)			Ownership of Form:	Beneficial	
								Со	ode	V	Amoi	unt	(A) or (D)	Pric	e				Direct (D) or Indirect (I) (Instr. 4)	Ownership (Instr. 4)
Common Stock 3/10/2017				17	A (1) 7188 A \$0			7188			D									
Common Stock															1	4000		I	See Footnote (2)	
	Tal	ole II - Deri	ivative :	Securit	ties I	Bene	ficially	Own	ed (e.g. ,	puts	s, ca	lls, w	arran	ts, c	options, conve	rtible sec	urities)		
1. Title of Derivate Security (Instr. 3)	2. Conversion or Exercise Price of Derivative	3. Trans. Date	3A. Deer Execution Date, if a	n (Ins	rans. (tr. 8)	Code 5. Number Derivative Acquired Disposed (Instr. 3,		ve Securities (A) or of (D)		6. Date Exe Expiration I						Underlying Derivative Security			Ownership Form of Derivative Security:	11. Nature of Indirect Beneficial Ownership (Instr. 4)
	Security			Code		V	(A)		(D)		Excisable Da		ration	Title		Amount or Number of Shares	Amount or Number of		Direct (D) or Indirect (I) (Instr. 4)	
Stock Option (Right to Buy Common Stock)	\$17.39	3/10/2017		1	4		12000			<u>(</u>	<u>3)</u>	3/10	/2027	Comn Stock		12000	\$0	12000	I	See Footnote

Explanation of Responses:

- (1) Reflects grant of restricted stock that vests in three equal annual installments beginning on March 10, 2018.
- (2) Securities held in trust for the benefit of the Reporting Person's family. The Reporting Person disclaims beneficial ownership of the shares held by such trusts, except to the extent of his pecuniary interest therein. The filing of this statement by the Reporting Person shall not be deemed to be an admission that, for purposes of Section 16 of the Securities Exchange Act of 1934 or otherwise, such Reporting Person is the beneficial owners of the securities reported therein.
- (3) An option that vests in three equal annual installments beginning on March 10, 2018.

Reporting Owners

Departing Oxymen News / Address	Relationships								
Reporting Owner Name / Address	Director	10% Owner	Officer	Other					
Costa Michael Ray C/O ARAH INC. 500 CUMMING CENTER, SUITE 6550 BEVERLY, MA 01915			VP and General Counsel						

Signatures

/s/ Michael R. Costa, by power of attorney

3/13/2017

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 control number.