#### ENDOLOGIX INC /DE/

Form 4

February 17, 2016

## FORM 4

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

**SECURITIES** 

**OMB** 

**OMB APPROVAL** 

Number:

3235-0287

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January 31, 2005

0.5

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Check this box if no longer subject to Section 16. Form 4 or

Form 5 obligations may continue.

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

See Instruction

1(b).

(Print or Type Responses)

dress of Repo	rting Person *	2. Issuer Name <b>and</b> Ticker or Trading Symbol ENDOLOGIX INC /DE/ [ELGX]	5. Relationship of Reporting Person(s) to Issuer		
(First)	(Middle)	3. Date of Earliest Transaction	(Check all applicable)		
		(Month/Day/Year) 02/04/2016	Director 10% Owner _X_ Officer (give title Other (specify below)  VP, Global Marketing		
(Street)		4. If Amendment, Date Original Filed(Month/Day/Year)	6. Individual or Joint/Group Filing(Check Applicable Line)		
92618			Form filed by One Reporting Person Form filed by More than One Reporting Person		
	(First)	(First) (Middle) (Street)	Symbol ENDOLOGIX INC /DE/ [ELGX]  (First) (Middle) 3. Date of Earliest Transaction (Month/Day/Year) 02/04/2016  (Street) 4. If Amendment, Date Original Filed(Month/Day/Year)		

(City)	(State) (.	Table Table	e I - Non-D	erivative S	ecurit	ies Acq	quired, Disposed o	of, or Beneficial	ly Owned
1.Title of	2. Transaction Date	2A. Deemed	3.	4. Securit	ies Ac	quired	5. Amount of	6. Ownership	7. Nature of
Security	(Month/Day/Year)	Execution Date, if	Transactio	on(A) or Dis	sposed	of	Securities	Form: Direct	Indirect
(Instr. 3)		any	Code	(D)			Beneficially	(D) or	Beneficial
		(Month/Day/Year)	(Instr. 8)	(Instr. 3, 4	4 and 5	5)	Owned	Indirect (I)	Ownership
							Following	(Instr. 4)	(Instr. 4)
							Reported		
					(A)		Transaction(s)		
					or		(Instr. 3 and 4)		
			Code V	Amount	(D)	Price	()		
Common Stock	02/04/2016		A	14,608 (1)	A	\$0	43,423 (2)	D	

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

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02)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)

### Edgar Filing: ENDOLOGIX INC /DE/ - Form 4

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transactio Code (Instr. 8)	5. Number of orDerivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercis Expiration Dat (Month/Day/Y	te	7. Title and A Underlying S (Instr. 3 and	Securities
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Option to Purchase	\$ 7.53	02/04/2016		A	46,377 (3)	03/04/2016	02/04/2026	Option to Purchase	46,377

### **Reporting Owners**

Reporting Owner Name / Address	Keiauonsnips				
	Director	10% Owner	Officer	Other	

DePalma Amanda L.

2 MUSICK VP, Global Marketing

**IRVINE, CA 92618** 

## **Signatures**

Amanda L. DePalma by Timothy N. Brady, Attorney-in-Fact for Reporting 02/17/2016 Person.

\*\*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) Time based restricted stock unit award.
- (2) Balance includes 771 shares purchased through the Company's Employee Stock Purchase Plan as well as 3,000 shares purchased on the open market not previously reported due to being deemed immaterial.
- (3) Options vest ratably over forty-eight months.

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.

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