## Edgar Filing: Wittekind Beverly B. - Form 4

Wittekind B Form 4	everly B.											
January 05,	2011											
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION									OMB AF	PROVAL		
	UNITED	) STATES		RITIES A shington			NGE CO	DMMISSION	OMB Number:	3235-0287		
Check this box if no longer									Expires:	January 31, 2005		
subject to STATEMENT OF CHA Section 16.				GES IN SECUI		ICIA	L OWN	ERSHIP OF	Estimated a burden hour	verage rs per		
Form 4 c Form 5 obligatio may com <i>See</i> Instr 1(b).	Filed pu ns Section 17	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								response 0.5 n		
(Print or Type ]	Responses)											
Wittekind Beverly B. Symbol ENSIG				r Name <b>an</b> o	l Ticker of	r Tradii	0	5. Relationship of Reporting Person(s) to Issuer				
				N GROU		ENSC	3]	(Check all applicable)				
(Last)	(First)	(Middle)		f Earliest T	ransaction			Director	100	Owner		
(Month/I 27101 PUERTA REAL, STE 450 01/03/2				-				Officer (give title Other (specify below) below) V.P. and General Counsel				
(Street) 4. If Ame			nendment, Date Original				6. Individual or Joint/Group Filing(Check					
				• /				Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting				
MISSION	VIEJO, CA 9269	1					i	Person		porting		
(City)	(State)	(Zip)	Tabl	e I - Non-I	Derivative	Secur	ities Acqu	ired, Disposed of,	or Beneficial	ly Owned		
1.Title of Security (Instr. 3)	2. Transaction Dat (Month/Day/Year)		Date, if	3. Transactic Code (Instr. 8) Code V	omr Dispo (Instr. 3,	(A) or	5)	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 Indirect Beneficial Ownership (Instr. 4)		
G				Coue v	Amount	(D)	Price \$					
Common Stock	01/03/2011			S <u>(1)</u>	10,000	D	24.715 (2)	32,000	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 Derivati Security (Instr. 3	ve Conversion or Exercise	3. Transaction Date (Month/Day/Year)	4. Transactic Code (Instr. 8)	of	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr
			Code V	4, and 5)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

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## **Reporting Owners**

Reporting Owner Name / Address			Relationships			
	Director	10% Owner	Officer	Other		
Wittekind Beverly B. 27101 PUERTA REAL, STE 450 MISSION VIEJO, CA 92691			V.P. and General Counsel			
Signatures						
/s/ Suzanne Snapper, as power of attorney		01/05/20	11			

\*\*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) The sales reported in this Form 4 were effected pursuant to a Rule 10b5-1 trading plan adopted by the reporting person on December 3, 2010. The reporting person cancelled this Rule 10b5-1 plan effective January 4, 2011.

This transaction was executed in multiple trades at prices ranging from \$24.37 to \$25.11. The price above reflects the weighted average(2) sale price. The reporting person hereby undertakes to provide upon request by the Commission staff, the issuer, or a security holder of the issuer, full information regarding the number of shares sold at each separate price.

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.