CASTLIGHT HEALTH, INC. Form 3 April 05, 2017 UNITED STATES SECURITIES AND EXCHANGE COMMISSION **OMB APPROVAL** FORM 3 Washington, D.C. 20549 OMB

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

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

(Print or Type Responses)

1. Name and Address of Reporting Person <u>*</u> Newell Robert Derek	2. Date of Event RequiringStatement(Month/Day/Year)	3. Issuer Name and Ticker or Trading Symbol CASTLIGHT HEALTH, INC. [CSLT]		
(Last) (First) (Middle)		4. Relationship of Reporting Person(s) to Issuer	5. If Amendment, Date C Filed(Month/Day/Year)	

C/O CASTLIGHT HEALTH, INC., 150 SPEAR ST., SUITE 400

(Street)

SAN FRANCISCO, CAÂ 94105

(City)	(State)	
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1. Title of Security (Instr. 4)

Table I - Non-Derivative Securities Beneficially Owned

Ownership

Direct (D) or Indirect (I) (Instr. 5)

SEC 1473 (7-02)

Form:

10% Owner

2. Amount of Securities Beneficially Owned (Instr. 4)

4. Nature of Indirect Beneficial Ownership (Instr. 5)

Reporting Person

Filing(Check Applicable Line)

X Form filed by One Reporting

Form filed by More than One

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

(Zip)

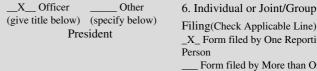
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Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 4)	Expiration Date Securitie (Month/Day/Year) Derivati		3. Title and Securities U Derivative S (Instr. 4)	Inderlying	4. Conversion or Exercise Price of	5. Ownership Form of Derivative	(Instr. 5)
	Date Exercisable	Expiration Date	Title	Amount or Number of	Derivative Security	Security: Direct (D)	

3235-0104 Number: January 31, Expires: 2005 Estimated average burden hours per response... 0.5

Original



3.

(Check all applicable)

X Director

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Shares

or Indirect (I) (Instr. 5)

Reporting Owners

Reporting Owner Name / Address	Relationships				
	Director	10% Owner	Officer	Other	
Newell Robert Derek C/O CASTLIGHT HEALTH, INC. 150 SPEAR ST., SUITE 400 SAN FRANCISCO, CA 94105	ÂX	Â	President	Â	
Signatures					
/s/ Jennifer Chaloemtiarana, by power of attorney		04/05/2017			
** Signature of Reporting Person			Date		
Explanation of Responses:					

No securities are beneficially owned

* If the form is filed by more than one reporting person, *see* Instruction 5(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. 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.