## Edgar Filing: Gupta Neeraj - Form 4

Gupta Neeraj Form 4										
April 09, 2019	)									
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION								NT	OMB APPROVAL	
UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549								N OMB Number:		-0287
if no longer STATEMENT OF CHANCES IN RENEFICIAL OWNERSHIP OF								Expires:	Janua	2005
Section 16. SECURITIES Form 4 or							Estimated average burden hours per response			
Form 5 obligations may contin <i>See</i> Instruc 1(b).	ue. Section 17(	a) of the l	Public U	Jtility Hol	ding Co		ange Act of 1934 t of 1935 or Sect 1940			
(Print or Type Re	esponses)									
1. Name and Add Gupta Neeraj	2. Issuer Name <b>and</b> Ticker or Trading Symbol				5. Relationship of Reporting Person(s) to Issuer					
				LIGHT H	EALTH	, INC.	(Check all applicable)			
(Last) C/O CASTLI	3. Date of Earliest Transaction (Month/Day/Year) 04/05/2019			Director 10% Owner X Officer (give title Other (specify below) below)						
	EAR ST., SUIT		04/03/2	2017			E	VP, Engineering	5	
(Street) 4. If Amendment, Filed(Month/Day/Y SAN FRANCISCO, CA 94105				ar) Applicable Line) _X_ Form filed by C			y One Reporting F	oint/Group Filing(Check Dne Reporting Person Aore than One Reporting		
							Person			
(City)	(State)	(Zip)	Tab	ole I - Non-l	Derivativ	e Securities	Acquired, Disposed	of, or Beneficia	ally Owne	d
	. Transaction Date Month/Day/Year)	Execution any	Date, if	3. Transactio Code (Instr. 8) Code V	Disposed (Instr. 3,	l (A) or d of (D) 4 and 5) (A) or	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 Indirect Beneficia Ownersh (Instr. 4)	al iip
Reminder: Repor	rt on a separate line	e for each cl	ass of sec	urities bene	ficially ov	vned directly	or indirectly.			
					infor requi	mation con ired to resp ays a curre	spond to the collect atained in this forr bond unless the fo ently valid OMB co	n are not orm	SEC 1474 (9-02)	

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5. Number of	6. Date Exercisable and	7. Title and Amount of
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transac	tiorDerivative	Expiration Date	Underlying Securities

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Security (Instr. 3)	or Exercise Price of Derivative Security		any (Month/Day/Year)	Code (Instr. 8)	Securities Acquired (A) Disposed of ( (Instr. 3, 4, au 5)	(D)	/Year)	(Instr. 3 and	4)
				Code V	(A) (	(D) Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Restricted Stock Units	\$ 0 <u>(1)</u>	04/05/2019		А	332,000	<u>(2)</u>	(2)	Class B Common Stock	332,000

## **Reporting Owners**

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
Gupta Neeraj C/O CASTLIGHT HEALTH, INC. 150 SPEAR ST., SUITE 400 SAN FRANCISCO, CA 94105			EVP, Engineering				
Signatures							
/s/ Jennifer Chaloemtiarana, by now	er of						

/s/ Jennifer Chaloemtiarana, by power of attorney

\*\*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) Each restricted stock unit ("RSU") represents a contingent right to receive 1 share of the Issuer's Class B common stock upon settlement for no consideration.

The RSUs will vest in equal quarterly installments over four years, beginning on May 16, 2019. Shares of the Issuer's Class B common

04/09/2019

(2) stock will be delivered to the Reporting Person following vesting, at which time shares will be sold by the Reporting Person to cover any tax withholding obligations.

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.