ENDOLOGIX INC /DE/

Form 4 October 01, 2013

FORM 4

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

OMB Number: 3235-0287

Check this box if no longer subject to Section 16.

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Expires: January 31, 2005
Estimated average

0.5

OMB APPROVAL

Form 4 or Form 5 obligations may continue. See Instruction

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

burden hours per response...

1(b).

Common

Stock

09/27/2013

(Print or Type Responses)

1. Name and Address of Reporting Person * Sorsher Gary I.			2. Issuer Name and Ticker or Trading Symbol ENDOLOGIA INC. (DE/ IEL CV)			5. Relationship of Reporting Person(s) to Issuer				
			ENDOLOGIX INC /DE/ [ELGX]				(Check all applicable)			
(Last)	(First) (Middle)	3. Date of Earliest Transaction							
			(Month/Da	ay/Year)			Director		6 Owner	
11 STUDEBAKER			09/27/2013			_X_ Officer (giv below)	e title Other	er (specify		
							· · · · · · · · · · · · · · · · · · ·	President - Qual	ity	
(Street)			4. If Amendment, Date Original			6. Individual or Joint/Group Filing(Check				
			Filed(Month/Day/Year)				Applicable Line) _X_ Form filed by One Reporting Person			
IRVINE, CA 92618						Form filed by More than One Reporting Person				
(City)	(State)	(Zip)	Table	e I - Non-D	erivative S	ecurities Acq	quired, Disposed o	of, or Beneficial	lly Owned	
1.Title of	2. Transaction Da	e 2A. Dee	med	3.	4. Securiti	es Acquired	5. Amount of	6. Ownership	7. Nature of	
Security	(Month/Day/Year	Execution	on Date, if	Transactio	on(A) or Dis	posed of	Securities	Form: Direct	Indirect	
(Instr. 3)		any		Code	(D)		Beneficially	(D) or	Beneficial	
		(Month/	Day/Year)	(Instr. 8)	(Instr. 3, 4	and 5)	Owned	Indirect (I)	Ownership	
							Following	(Instr. 4)	(Instr. 4)	
						(A)	Reported			
						or	Transaction(s)			
				Code V	Amount	(D) Price	(Instr. 3 and 4)			

Code V

D

Amount

28,944 D

Price

\$0

4,704

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.

SEC 1474

(9-02)

D

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

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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. Transactic Code (Instr. 8)	5. Number of orDerivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amoun or Number of Share
Option to purchase	\$ 4.36	09/27/2013		D	3,817	10/01/2013(1)	05/20/2020	Common Stock	3,817
Option to purchase	\$ 8.26	09/27/2013		D	11,667	10/01/2013(1)	05/25/2021	Common Stock	11,66

Reporting Owners

Reporting Owner Name / Address	Relationships						
noporous o water runne / runne oo	Director	Director 10% Owner Officer			Other		
Sorsher Gary I.							
11 OTLIDED AIZED			V: D : 1 4	01'			

11 STUDEBAKER IRVINE, CA 92618 Vice President - Quality

Date

Signatures

Gary I. Sorsher by Timothy N. Brady, Attorney-In-Fact for reporting person.

10/01/2013

**Signature of Reporting Person

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) Stock options forfeited were vesting monthly when cancelled on 9/27/2013.

Remarks:

All transactions represent unvested restricted stock unit or stock options forfeited when the officer exited the company on 9/27. 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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