CASTLIGHT HEALTH, INC.

Form 4 June 19, 2015

FORM 4

OMB APPROVAL

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

OMB Number: 3235-0287

Check this box if no longer subject to Section 16.

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Expires: January 31, 2005

Section 16. Form 4 or Form 5 STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Estimated average burden hours per response... 0.5

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

1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person *

2. Issuer Name and Ticker or Trading

5. Relationship of Reporting Person(s) to

SINGH SUDHIR STEVEN

Symbol

(Check all applicable)

CASTLIGHT HEALTH, INC. [CSLT]

(Month/Day/Year)

06/17/2015

(Last) (First) (Middle)

3. Date of Earliest Transaction

_X__ Director _____ 10% Owner ____ Officer (give title _____ Other (specify

C/O CASTLIGHT HEALTH, INC., TWO RINCON CENTER, 121

(Street)

SPEAR STREET, SUI

4. If Amendment, Date Original

Α

6. Individual or Joint/Group Filing(Check

Filed(Month/Day/Year)

Applicable Line)
X Form filed by One Reporting Person
___ Form filed by More than One Reporting

Person

Issuer

SAN FRANCISCO, CA 94105

(City) (State) (Zip)

06/17/2015

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1.Title of 2. Security (Matter 1) (Matter 2)

2. Transaction Date 2A. Deemed (Month/Day/Year) Execution Date, if any

3. 4. Securities Acquired 5. Amount of Transaction(A) or Disposed of Securities Code (D) Beneficially (Instr. 8) (Instr. 3, 4 and 5) Owned

(1)

5. Amount of Securities Form: Direct Indirect
Beneficially (D) or Beneficial
Owned Indirect (I) Ownership
Following (Instr. 4) (Instr. 4)

D

(A) Reported Transaction(s) or (Instr. 3 and 4)

Code V

12,500 A \$ 0 15,630

Common Stock

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

(Month/Day/Year)

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)

1

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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.	6. Date Exerc	cisable and	7. Title	and	8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	TransactionNumber		Expiration D	ate	Amoun	t of	Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Underly	ying	Security	Secui
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8) Derivative		e		Securit	ies	(Instr. 5)	Bene
	Derivative				Securities Acquired			(Instr. 3	3 and 4)		Own
	Security										Follo
	•				(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
					(Instr. 3,						
					4, and 5)						
									A manuat		
									Amount		
					Date	Date	Expiration	Or Title Nesselves			
						Exercisable Date	Date		Number		
				C + V	(A) (D)				of		
				Code V	(A) (D)				Shares		

Reporting Owners

Relationships

Reporting Owner Name / Address 10% Director Officer Other Owner

SINGH SUDHIR STEVEN C/O CASTLIGHT HEALTH, INC. TWO RINCON CENTER, 121 SPEAR STREET, SUI SAN FRANCISCO, CA 94105



Signatures

/s/ Charles Ott, 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).

06/19/2015

Represents an award of restricted stock units ("RSUs"). 25% of the RSUs will vest on August 15, 2015 and an additional 25% will vest (1) on each quarterly anniversary thereafter. Each RSU represents a contingent right to receive one share of the Issuer's Class B common stock upon settlement for no consideration.

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.

Reporting Owners 2