## ENDOLOGIX INC /DE/ Form 3 February 05, 2016 FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 OMB approval

## 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> O'Quinn Shari L			2. Date of Event Requi Statement (Month/Day/Year)		3. Issuer Name <b>and</b> Ticker or Trading Symbol ENDOLOGIX INC /DE/ [ELGX]					
(Last)	(First)	(Middle)	02/04/2016		4. Relationship of Reporting Person(s) to Issuer		5. If Amendment, Date Original Filed(Month/Day/Year)			
4239 E DUE	(Street)	98		Director X Officer	all applicable) 10% C Other	Owner Filing(Cl _X_Form w) Person				
GILBERT, AZ 85298			VP, Clinical & Regulatory			v	Form filed by More than One Reporting Person			
(City)	(State)	(Zip)	Table 1	I - Non-Derivati	ive Securitie	es Beneficial	eneficially Owned			
1.Title of Secur (Instr. 4)	ity			unt of Securities ially Owned )	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Inc Ownership (Instr. 5)	lirect Beneficial			
Reminder: Repo owned directly		ate line for ea	ch class of securities ber	neficially SI	EC 1473 (7-02)					
	infor <del>n</del> requir	nation conta red to respo	oond to the collection ained in this form are nd unless the form d MB control number.	not						
Т	able II - Der	vivative Secur	rities Beneficially Owne	ed (e.g., puts, calls,	warrants, opti	ons, convertibl	e securities)			
1. Title of Deriv (Instr. 4)	vative Securi	Expir	ration Date Sec (Day/Year) Der	Title and Amount of curities Underlying rivative Security str. 4)	4. Conversio or Exercis Price of	1	6. Nature of Indirect Beneficial Ownership (Instr. 5)			

Date

Exercisable

Expiration

Title

Date

Derivative

Security

Amount or

Number of

Shares

Security:

Direct (D)

or Indirect

(Instr. 5)

(I)

3235-0104

January 31,

2005

0.5

Number:

Expires:

response ...

Estimated average burden hours per

## **Reporting Owners**

Reporting Owner Name / Address	Relationships								
	Director	10% Owner	Officer	Other					
O'Quinn Shari L 4239 E DUBOIS CT GILBERT, AZ 85298	Â	Â	VP, Clinical & Regulatory	Â					
Signatures									
Shari O'Quinn by Timothy N. Brady, Attorney-in-Fact for Reporting Person									
**Signature of Reporting Person									
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.