CASTLIGHT HEALTH, INC. Form 3 May 27, 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 A Person <u>*</u> SAP SE	ddress of Re	porting	2. Date of Event Requiring Statement (Month/Day/Year)	3. Issuer Name and Ticker or Trading Symbol CASTLIGHT HEALTH, INC. [CSLT]					
(Last)	(First)	(Middle)	05/17/2016				_X_ Form filed by One Reporting Person Form filed by More than One		
DIETMAR-1	(Street)								
(City)	(State)	(Zip)	Table I - N	Non-Derivat	ive Securiti	es Be	Reporting Person		
1.Title of Security (Instr. 4)				2. Amount of Securities Beneficially Owned (Instr. 4)		4. Nat Owne (Instr	*		
Class B Con	nmon Stoc	k	4,762,658	4,762,658		Â			
Reminder: Repo	-		ch class of securities benefic	ially S	EC 1473 (7-02	.)			
	inforı requi	nation conta red to respo	pond to the collection of ained in this form are not and unless the form displ MB control number.						
Т	able II - De	rivative Secu	rities Beneficially Owned (e	.g., puts, calls,	warrants, opt	tions, c	onvertible securities)		
1. Title of Deriv	vative Secur	ity 2. Date	e Exercisable and 3. Title a	nd Amount of	4.	5	5. 6. Nature of Indir	rect	

1. Title of Derivative Security	2. Date Exercisable and		3. Title and Amount of		4.	5.	6. Nature of Indirect
(Instr. 4)	Expiration Date		Securities Underlying		Conversion	Ownership	Beneficial Ownership
	(Month/Day/Year)		Derivative Security		or Exercise	Form of	(Instr. 5)
			(Instr. 4)		Price of	Derivative	
	Date	Expiration e Date	Title	Amount or Number of	Derivative	Security:	
	Exercisable				Security	Direct (D)	
						or Indirect	

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January 31,

2005

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Number:

Expires:

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Estimated average burden hours per

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				Shares		(I) (Instr. 5)	
Warrant	(<u>1)</u>	(2)	Class B Common Stock	1,905,063	\$ 4.91	D	Â
Reporting Ow	ners						

Reporting Owner Name / Address		Relationsl				
1	Director	10% Owner	Officer	Other		
SAP SE DIETMAR-HOPP-ALLEE 16 WALLDORF, 2M 69190	Â	X	Â	Â		
Signatures						
/s/ Michael Kleinemeier, Authorized Signatory, on behalf of SAP SE					05/27/2016	
<u>**</u> Signature of I		Date				
/s/ Jochen Scholten, Authorized Signatory, on behalf of SAP SE						05/27/2016
**Signature of Reporting Person						Date

Explanation of Responses:

- 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).

The Warrant becomes exercisable on the date that Castlight Health, Inc. and SAP Technologies, Inc. (or one of its affiliates) enter into (i) an agreement pursuant to which the Issuer will participate in SAP SE's "Connected Health Platform" (the "Platform Agreement") and

- (1)(ii) an agreement pursuant to which SAP Technologies (or one of its affiliates) will distribute or co-market the Issuer's solutions (the "Distribution Agreement").
- The Warrant will expire four years from the date Castlight Health, Inc. and SAP Technologies, Inc. (or one of its affiliates) enter into (2)the Platform Agreement and the Distribution Agreement.

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Remarks:

The shares and warrant discussed above were acquired by SAP Technologies, Inc., which is also th

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.