

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person * SAP SE	2. Date of Event Requiring Statement (MM/DD/YYYY) 5/17/2016	3. Issuer Name and Ticker or Trading Symbol CASTLIGHT HEALTH, INC. [CSLT]
(Last) (First) (Middle) DIETMAR-HOPP-ALLEE 16	4. Relationship of Reporting Person(s) to Issuer (Check all applicable) <input type="checkbox"/> Director <input checked="" type="checkbox"/> 10% Owner <input type="checkbox"/> Officer (give title below) <input type="checkbox"/> Other (specify below)	
(Street) WALLDORF, 2M 69190	5. If Amendment, Date Original Filed (MM/DD/YYYY) 5/27/2016	6. Individual or Joint/Group Filing (Check Applicable Line) <input type="checkbox"/> Form filed by One Reporting Person <input checked="" type="checkbox"/> Form filed by More than One Reporting Person
(City) (State) (Zip)		

Table I - Non-Derivative Securities Beneficially Owned

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
Class B Common Stock	4762658	I (1)	See Footnote (2)

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

1. Title of Derivate Security (Instr. 4)	2. Date Exercisable and Expiration Date (MM/DD/YYYY)		3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)		4. Conversion or Exercise Price of Derivative Security	5. Ownership Form of Derivative Security: Direct (D) or Indirect (I) (Instr. 5)	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date	Title	Amount or Number of Shares			
Warrant	(3)	(4)	Class B Common Stock	1905063	\$4.91	I (1)	See Footnote (2)

Explanation of Responses:

- (1) These securities were previously reported as directly owned by SAP SE.
- (2) This form is a joint filing by SAP SE, SAP America, Inc. and SAP Technologies, Inc. The reported securities are beneficially owned directly by SAP Technologies, Inc., which is a wholly owned subsidiary of SAP America, Inc., which is a subsidiary of SAP SE. SAP SE and SAP America, Inc. are indirect beneficial owners of the reported securities.
- (3) 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 Castlight Health, Inc. will participate in SAP SE's "Connected Health Platform" (the "Platform Agreement") and (ii) an agreement pursuant to which SAP Technologies (or one of its affiliates) will distribute or co-market Castlight Health Inc.'s solutions (the "Distribution Agreement").
- (4) The Warrant will expire four years from the date Castlight Health, Inc. and SAP Technologies, Inc. (or one of its affiliates) enter into the Platform Agreement and the Distribution Agreement.

Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
SAP SE DIETMAR-HOPP-ALLEE 16 WALLDORF, 2M 69190		X		

SAP America, Inc. 3999 WEST CHESTER PIKE NEWTOWN SQUARE, PA 19073		X		
SAP Technologies, Inc. 3999 WEST CHESTER PIKE NEWTOWN SQUARE, PA 19073		X		

Signatures

/s/ Michael Kleinemeier, Authorized Signatory, on behalf of SAP SE

6/1/2016

**Signature of Reporting Person

Date

/s/ Jochen Scholten, Authorized Signatory, on behalf of SAP SE

6/1/2016

**Signature of Reporting Person

Date

/s/ Brad C. Brubaker, Corporate Secretary, on behalf of SAP America, Inc.

6/1/2016

**Signature of Reporting Person

Date

/s/ Brian Stine, Assistant Secretary, on behalf of SAP Technologies, Inc.

6/1/2016

**Signature of Reporting Person

Date

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

* 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.

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.