

[] Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. *See* Instruction 1(b).

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

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## STATEMENT OF CHANGES IN 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 *					2. Issuer Name <b>and</b> Ticker or Trading Symbol							ool		5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
DOYLE JOHN C				CA	CASTLIGHT HEALTH, INC. [ CSLT ]							CSLT	,				n/ 0	
(Last) (First) (Middle)					3. Date of Earliest Transaction (MM/DD/YYYY)							7)		Director10% Owner				
C/O CASTLIGHT HEALTH, INC., 150 SPEAR ST., SUITE 400					7/8/2016									XOfficer (give title below)Other (specify below)  President & COO				
(Street)					4. If Amendment, Date Original Filed (MM/DD/YYYY)							D/YYYY	6.	6. Individual or Joint/Group Filing (Check Applicable Line)				
SAN FRANCISCO, CA 94105 (City) (State) (Zip)													_ :	X_Form filed by One Reporting Person Form filed by More than One Reporting Person				
			Table I - I	Non-Der	ivat	ive Secu	ırities	Acq	quire	d, Di	isposed (	of, or B	enef	icially Owne	ed			
1.Title of Security (Instr. 3)					Date 2A. Deemed Execution Date, if any  3. Trans. Cod (Instr. 8)  Code				or Disposed of (D)		Follo	Amount of Securities Beneficially Owned ollowing Reported Transaction(s) nstr. 3 and 4)			6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership		
	Tabl	e II - Deri	vative Sec	urities I	Bene	eficially	Owne	ed ( a	e.g. ,	puts	, calls, w	arrants	s, op	tions, conve	rtible sec	urities)		
1. Title of Derivate Security (Instr. 3)	Conversion or Exercise Price of Derivative	3. Trans. Date	3A. Deemed Execution Date, if any	4. Trans. Code (Instr. 8)		5. Number of Derivative Secur Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		urities Expira				7. Title and An Securities Und Derivative Sec (Instr. 3 and 4)		erlying	Derivative Security	Securities Beneficially Owned	Ownership Form of Derivative Security:	11. Nature of Indirect Beneficial Ownership (Instr. 4)
	Security			Code	v	(A)	(1		Date Exercis		Expiration Date	Title		Amount or Number of Shares		Following Reported Transaction(s) (Instr. 4)	Direct (D) or Indirect (I) (Instr. 4)	
Restricted Stock Units	\$0 <u>(1)</u>	7/8/2016		A		300000			<u>(2</u>	2)	<u>(2)</u>	Class comm stock	on	300000	\$0	300000	D	
Employee Stock Option (right to buy)	\$4.01	7/8/2016		A		225000			<u>(3</u>	3)	7/7/2026	Class Comm Stock	on	225000	\$0	225000	D	

## **Explanation of Responses:**

- Each restricted stock unit ("RSU") represents a contingent right to receive 1 share of the Issuer's Class B common stock upon settlement for no consideration.
- ( 25% of the RSUs will vest on August 16, 2017 and the remainder will vest quarterly over three years thereafter in equal installments. Shares of the Issuer's
- 2) Class B common stock will be delivered to the Reporting Person following vesting, at which time shares will be sold by the Reporting Person to cover any tax withholding obligations.
- ( 20% of the shares subject to the option will vest on July 8, 2017. Thereafter, the remaining shares will vest in 36 equal monthly installments upon the
- 3) completion of each additional consecutive month of service.

**Reporting Owners** 

Reporting Owner Name / Address	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
DOYLE JOHN C							
C/O CASTLIGHT HEALTH, INC.			President & COO				
150 SPEAR ST., SUITE 400			resident & COO				
SAN FRANCISCO, CA 94105							

## **Signatures**

/s/ Charles Ott, by power of attorney	7/12/2016		
**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 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).

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.