

[] 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

OMB APPROVAL OMB Number: 3235-0287 Estimated average burden hours per response... 0.5

## 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. 1	2. Issuer Name <b>and</b> Ticker or Trading Symbol							ol	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
conen acen ac					CASTLIGHT HEALTH, INC. [ CSLT ]									nicaoic)	,	00/ 0			
(Last) (First) (Middle)				3.1	3. Date of Earliest Transaction (MM/DD/YYYY)								X _ Director 10% Owner Officer (give title below) Other (specify below)						
C/O CASTLIGHT HEALTH, INC., 150						1/2/2018													
SPEAR ST.,	<b>SUITE 4</b>	100																	
·					4. 1	4. If Amendment, Date Original Filed (MM/DD/YYYY)								6. Individual or Joint/Group Filing (Check Applicable Line)					
SAN FRANCISCO, CA 94105 (City) (State) (Zip)					1/3/2018								X_Form filed by One Reporting Person Form filed by More than One Reporting Person						
			Table	I - Nor	ı-Der	ivati	ive Seci	ırities Acc	quir	ed, Di	spose	d of	, or I	Ben	neficially Owne	ed			
1.Title of Security (Instr. 3) 2. Trans. D							3. Trans. Coo (Instr. 8)	de	4. Securities Acquir or Disposed of (D) (Instr. 3, 4 and 5)			red (A)	Fo	Amount of Securit Following Reported Instr. 3 and 4)	ties Beneficially Owned Transaction(s)		6. Ownership Form:	Beneficial	
								Code	V	Amou		A) or (D)	Pric	ce					Ownership (Instr. 4)
Class B Common Stock 1/2/2018				18			A		55263 (1)		A	\$0		298333 (2)			D		
	Tabl	le II - Der	ivative	Securi	ities l	Bene	ficially	Owned (	e.g.	, puts,	calls	, wa	rran	ıts,	options, conve	rtible sec	urities)		
1. Title of Derivate Security (Instr. 3)	turity Conversion or Exercise Price of Derivative Execution Date, if any			Trans. astr. 8)	Code	5. Number Derivative Acquired Disposed (Instr. 3,	re Securities (A) or of (D)		•			7. Title and A Securities UnDerivative S (Instr. 3 and		Underlying Security	Derivative Security	Securities Beneficially Owned	Ownership Form of Derivative Security:	Beneficial	
	Security			,	Code	V	(A)	(D)	Date Exer	cisable	Expira Date	tion		Amo Shar	ount or Number of		Following Reported Transaction(s) (Instr. 4)	Direct (D) or Indirect (I) (Instr. 4)	

#### **Explanation of Responses:**

- (1) Represents an award of restricted stock units ("RSUs"). The RSUs will vest in equal quarterly installments over three years, beginning on April 2, 2018. Each RSU represents a contingent right to receive one share of the Issuer's Class B common stock upon settlement for no consideration.
- (2) As the result of an administrative error, the Form 4 filed by the Reporting Person with the Securities and Exchange Commission ("SEC") on January 3, 2018 contained an error in the number of shares reported in this column as beneficially owned. This amended report corrects that number to include shares underlying the RSU awards that were reported on the Form 3 filed by the Reporting Person with the SEC on January 3, 2018.

### **Reporting Owners**

Reporting Owner Name / Address	Relationships							
Reporting Owner Name / Address	Director	10% Owner	Officer	Other				
Cohen Seth B. C/O CASTLIGHT HEALTH, INC. 150 SPEAR ST., SUITE 400 SAN FRANCISCO, CA 94105	X							

#### **Signatures**

/s/ Jennifer Chaloemtiarana, by power of attorney

\*\*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

