## Edgar Filing: Fauls Janet Mary - Form 4/A

Fauls Janet I Form 4/A October 02,										
FORM	ΙΔ							OMB AF	PROVAL	
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSIO Washington, D.C. 20549						OMMISSION	OMB Number:	3235-0287		
Check th								Expires:	January 31,	
if no lon subject t	IENT OF CHAN	F CHANGES IN BENEFICIAL OWN			NERSHIP OF	·	2005			
Section			SECURITIES				Estimated average burden hours per			
	Form 4 or						response 0.5			
Form 5	Filed pur	suant to Section	16(a) of th	ne Securit	ies Ez	xchange	e Act of 1934,			
obligatio may con		a) of the Public U	Itility Hol	ding Com	ipany	Act of	1935 or Section	ı		
See Instr		30(h) of the In	nvestment	t Compan	y Act	of 194	0			
1(b).										
(Print or Type)	Responses)									
	Address of Reporting	Person <u>*</u> 2. Issue	er Name <b>an</b>	d Ticker or	Tradin	g	-	Reporting Person(s) to		
Fauls Janet	Mary	Symbol					Issuer			
		ENDO	LOGIX I	NC /DE/ [	ELG	X]	(Check	k all applicable)		
(Last)	(First) (M	Middle) 3. Date of	of Earliest T	ransaction			(		,	
	(Month/	(Month/Day/Year)			Director 10% Owner					
ENDOLOG	09/09/2	09/09/2012			XOfficer (give titleOther (specify below) below)					
STUDEBA					Vice President RA/QA/QC					
	4 If Am	4. If Amendment, Date Original				6. Individual or Joint/Group Filing(Check				
		Filed(Month/Day/Year)			Applicable Line)					
		09/11/2012				_X_ Form filed by One Reporting Person				
IRVINE CA 92618 Form filed by More than One Reporting							porting			
reison										
(City)	(State)	(Zip) Tab	le I - Non-l	Derivative S	Securi	ties Acqu	uired, Disposed of	, or Beneficial	ly Owned	
1.Title of	2. Transaction Date	2A. Deemed	3.	4. Securit	ies Ac	quired	5. Amount of	6.	7. Nature of	
Security	(Month/Day/Year)	Execution Date, if	ion Date, if Transaction(A) or Disposed of (D) Code (Instr. 3, 4 and 5)				Securities	Ownership	Indirect	
(Instr. 3)		any				Beneficially	Form: Direct			
		(Month/Day/Year)	(Instr. 8)				Owned Following	(D) or Indirect (I)	Ownership (Instr. 4)	
							Reported	(Instr. 4)	(1130. 4)	
					(A)		Transaction(s)	. ,		
			Code V	Amount	or (D)	Price	(Instr. 3 and 4)			
~				28,944	()					
Common	09/09/2012	09/09/2012	А	(1) $(2)$ $(3)$	А	\$	60,450	D		
Stock				(4) (5)		12.62				

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

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.

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

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1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	4. Transactic Code (Instr. 8)	5. ofNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	5	ate	Securi	unt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owno Follo Repo Trans (Instr
			Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

## **Reporting Owners**

Reporting Owner Name / Address	Relationships							
1	Director 10% Owr		Officer	Other				
Fauls Janet Mary ENDOLOGIX, INC. 11 STUDEBAKER IRVINE, CA 92618			Vice President RA/QA	/QC				
Signatures								
Janet M. Fauls by Robert J. Krist, Attorney-in-Fact for Reporting 10/02/2012								

\*\*Signature of Reporting Person

Date

## **Explanation of Responses:**

- 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).
- (1) 25% vesting to occur upon the achievement of Nellix device revenue target for a month.
- (2) 25% vesting to occur upon U.S. regulatory approval of Nellix device.
- (3) 25% vesting to occur upon U.S. regulatory approval of Ventana device.
- (4) 25% vesting to occur upon U.S.regulatory approval of a second-generation AFX device.
- (5) 100% cliff vesting to occur 9/9/2016 in the event milestones are not achieved.

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.