FORM 3

CA

FRANCISCO

94129

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

## OMB APPROVAL 3235-0104 OMB Number: Estimated average burden hours per response: 0.5

## INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF **SECURITIES**

				<ul><li>(a) of the Securities Exchar</li><li>e Investment Company Act</li></ul>						
Name and Address of Reporting Person     Indaba Capital Management     L.P.	Requirii (Month/	2. Date of Event Requiring Statement (Month/Day/Year) 03/18/2022		3. Issuer Name <b>and</b> Ticker Benefitfocus, Inc. [			il			
(Last) (First) (Middle) ONE LETTERMAN DRIVE BUILDING D, SUITE DM700				4. Relationship of Reporting Issuer (Check all applicable) Director Officer (give title below)	erson(s) to  10% Owner  Other (specify below)		If Amendment, Date of Original Filed (Month/Day/Year)      Individual or Joint/Group Filing (Check Applicable Line)			
(Street) SAN FRANCISCO CA 94129					50.	,	2	Person	by One Reporting by More than One Person	
(City) (State) (Zip)				a						
	Table I - N	lon-Deriva	_	e Securities Benefic			1			
1. Title of Security (Instr. 4)				2. Amount of Securities Beneficially Owned (Instr. 4) 3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)			Own	4. Nature of Indirect Beneficial Ownership (Instr. 5)		
Common Stock				3,521,511	I S			See Footnotes <sup>(1)(2)</sup>		
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)										
1. Title of Derivative Security (Instr. 4)	Expiratio	2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Se Underlying Derivative Sec (Instr. 4)				5. Ownership Form: Direct (D)	6. Nature of Indirect Beneficial Ownership (Instr. 5)	
	Date Exercisal	Date Expiratio		Title	Amou or Numb of Share	nt Deriv Secu	ative	or Indirect (I) (Instr. 5)	3)	
Name and Address of Reporting Person     Indaba Capital Managemen										
(Last) (First) ONE LETTERMAN DRIVE BUILDING D, SUITE DM700	(Middle)									
(Street) SAN FRANCISCO CA	94129									
(City) (State)	(Zip)									
Name and Address of Reporting Person     IC GP, LLC	on <sup>*</sup>									
(Last) (First) ONE LETTERMAN DRIVE, BUILDING D, SUITE DM700	(Middle)									
(Street) SAN	04120									

(City)	(State)	(Zip)				
1. Name and Address of Reporting Person*  SCHRIER DEREK C						
(Last) (First) (Middle) C/O INDABA CAPITAL MANAGEMENT, L.P. ONE LETTERMAN DR., BLDING D, SUITE DM700						
(Street) SAN FRANCISCO	CA	94129				
(City)	(State)	(Zip)				

## **Explanation of Responses:**

- 1. This Form 3 is filed jointly by Indaba Capital Management, L.P. (the "Investment Manager"), IC GP, LLC ("IC GP"), and Derek C. Schrier (collectively, the "Reporting Persons"). Each of the Reporting Persons disclaims beneficial ownership of the securities reported herein except to the extent of his or its pecuniary interest therein.
- 2. Securities held directly by Indaba Capital Fund, L.P. (the "Fund"). Pursuant to an Investment Management Agreement, the Fund and its general partner have delegated all voting and investment power over the securities directly held by the Fund to the Investment Manager. As a result, each of the Investment Manager, IC GP, as the general partner of Investment Manager, and Mr. Schrier, as Managing Member of IC GP, may be deemed to exercise voting and investment power over such securities. The Fund specifically disclaims beneficial ownership of such securities by virtue of its inability to vote or dispose of such securities as a result of such delegation to the Investment Manager.

Indaba Capital

Management, L.P.; By: IC

GP, LLC; By: /s/ Derek C. 03/23/2022

Schrier, Managing

Member

IC GP, LLC; By: /s/ Derek

C. Schrier, Managing 03/23/2022

Member

<u>/s/ Derek C. Schrier</u> <u>03/23/2022</u>

\*\* Signature of Reporting Date

Person

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

- $^{\star}$  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 Number.