FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D.C. | 20549 | |
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|-------------|------|-------|--|

| STATEMENT | OF (| CHANGES | IN BENE | FICIAL | OWNERS | HIP |
|-----------|------|---------|---------|--------|--------|-----|

| 1 | OMB APPROVAL | | | | | | | | |
|---|--------------------------|--|--|--|--|--|--|--|--|
| | OMB Number: 3235-0287 | | | | | | | | |
| | Estimated average burden | | | | | | | | |
| | hours per response: 0.5 | | | | | | | | |

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

Filed purcuant to Section 16(a) of the Securities Evolution Act of 1024

| msuuc | uon 1(b). | | | FIIE | | | | | | | | npany Act | | | 04 | | | <u>,——</u> | | | |
|---|---------------|---------------------|-------------------------------|---------------------|---|---|---|-----------|---|-------------|---|---------------------|---|--|--|--|-------------------------|--|---|------------|----------|
| | | | | | Issuer Name and Ticker or Trading Symbol enefitfocus, Inc. [BNFT] | | | | | | | | Relationship of Reporting Person(s) to Iss (Check all applicable) X Director 10% Ow | | | | | | | | |
| C/O OAK INVESTMENT PARTNERS 11/30/2 | | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 11/30/2015 | | | | | | | | | A | | er (give title | | | (specify |
| 901 MAI | N AVENU | E, SUITE 600 | | | 4. If <i>i</i> | . If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable | | | | | | | |
| (Street) NORWALK CT 06851 | | | | | | | | | | | | | | Line) Form filed by One Reporting Person X Form filed by More than One Reporting Person | | | | | | | |
| (City) | (Si | tate) (| Zip) | | | | | | | | | | | | | | | | | | |
| | | Tabl | e I - No | n-Deriv | ative | Sec | curitie | s Ac | quir | red, | Dis | posed o | f, or | Ben | efici | ally C | Owne | :d | | | |
| | | | 2. Transa Date (Month/D | action Day/Year) | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | Tr | 3. Transaction Code (Instr. 8) | | | | | 4 and Securi Benef Owner | | ities icially (d Following (| | wnership m: Direct or Indirect nstr. 4) | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | | | Co | ode | v | Amount | | (A) or (D) | Price | . 1 | Reported Transaction(s) (Instr. 3 and 4) | | | | (Instr. 4) | |
| Common Stock 11/30/ | | | /2015 | | | J | J ⁽¹⁾ | | 834,131 | | D |) (1) | | 1,606,878 | | | I ⁽²⁾ | See Note (2) | | | |
| | | Та | | | | | | | | | | sed of, onvertib | | | | | ned | | | , | |
| 1. Title of Derivative Security (Instr. 3) 2. Conversion or Exercise Price of Derivative Security (Instr. 3) 3. Transaction Date (Month/Day/Year) (Month/Day/Year) (Month/Day/Year) | | n Date, | Transaction of | | 6. Date Exercisal Expiration Date (Month/Day/Year | | | Amount of | | str. 3 | 8. Price of Derivative Security (Instr. 5) | | | | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | | | | |
| | | | | | Code | v | (A) | (D) | Date Exer | e rcisab | | Expiration Date | Title | or | ount nber ares | | | | | | |
| | nd Address of | Reporting Person* | | | | | | | | | | | | | | | | | | | |
| (Last) | K INVESTI | (First) MENT PARTNE | (Midd | dle) | | | | | | | | | | | | | | | | | |

| 1. Name and Address of Reporting Person* LAMONT ANN H | | | | | | | | | | |
|---|---------|-------|--|--|--|--|--|--|--|--|
| (Last) | , , , | | | | | | | | | |
| C/O OAK INVESTMENT PARTNERS | | | | | | | | | | |
| 901 MAIN AVENUE, SUITE 600 | | | | | | | | | | |
| (Street) | | | | | | | | | | |
| NORWALK | CT | 06851 | | | | | | | | |
| | | | | | | | | | | |
| (City) | (State) | (Zip) | | | | | | | | |
| 1. Name and Address of Reporting Person* OAK INVESTMENT PARTNERS XII L P | | | | | | | | | | |
| (Last) (First) (Middle) | | | | | | | | | | |
| 901 MAIN AVEN | UE | | | | | | | | | |
| SUITE 600 | | | | | | | | | | |
| (Street) | | | | | | | | | | |
| NORWALK | CT | 06851 | | | | | | | | |
| (City) | (State) | (Zip) | | | | | | | | |

Explanation of Responses:

- 1. On November 30, 2015, Oak Investment Partners XII, L.P., a Delaware limited partnership, ("Oak XII") made an in-kind distribution, without any additional consideration, of common stock of the Issuer to the limited partners of Oak XII.
- 2. Represents shares directly owned by Oak XII. Oak Associates XII, LLC, a Delaware limited liability company ("Oak Associates") and the General Partner of Oak XII, may be deemed to beneficially own these shares.

Remarks:

Remarks: This Form 4 report is being filed by Ms. Lamont, Oak XII, and Oak Associates (together the "Reporting Persons"). Ms. Lamont is a managing member of Oak Associates and has the shared power to vote and dispose of the shares held by Oak XII. However, each Reporting Person disclaims the existence of a "group" and disclaims beneficial ownership (as defined in Rule 16a-1(a)(2)) of any securities (except to the extent of such Reporting Person's pecuniary interest in such securities) other than any securities reported herein as being directly owned by such Reporting Person, and this report shall not be deemed an admission that such Reporting Person is the beneficial owner of any such securities for purposes of Section 16 or for any other purpose.

/s/ Ann H. Lamont 12/01/2015
/s/ Ann H. Lamont, Managing
Member of Oak Associates
XII, LLC, general partner of
Oak Investment Partners XII,
Limited Partnership
/s/ Ann H. Lamont, Managing
Member of Oak Associates
XII, LLC

Date

** Signature of Reporting Person

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 Number.