## FORM 5

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	$D \subset$	205/10
wasiiiigton,	D.C.	20549

Washington, D.C. 20549	
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## ANNUAL STATEMENT OF CHANGES IN BENEFICIAL **OWNERSHIP**

1	OMB APPROVAL								
	OMB Number:	3235-0362							
	Estimated average burden								
ı	hours per response:	1.0							

Instruction 1(b).

Form 3	Holdings Repo	rted.												1				
Form 4	Transactions F	Reported.	File	ed pursuant to or Section	Section 30(h)	on 16(a of the	a) of th Invest	e Secur tment C	ities Excha ompany Ac	nge Act t of 194	of 1934 )							
1. Name and Address of Reporting Person* <u>Jenkins Shawn A</u>				2. Issuer Name <b>and</b> Ticker or Trading Symbol Benefitfocus, Inc. [BNFT]							5. Relationship of Reportir (Check all applicable) X Director				ing Person(s) to Issuer 10% Owner			
(Last) 100 BEN	(Fii EFITFOCU	,	Middle)		3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 12/31/2016						Year)	X Officer (give title Other (specify below)  CEO						
(Street)  CHARLESTON SC  29492  (City) (State) (Zip)  4. If Amendment, Date of Original Filed (Month/Day/Year)  (Month/Day/Year) (B. Individual or Joint/Group Filing (Check Applicate)  X Form filed by One Reporting Persor										rson								
		Tabl	e I - Non-Deriv	ative Sec	uritie	s Ac	quire	ed, Di	sposed (	of, or	Benefici	ally O	wne	ed				
1. Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Year)  2A. Deeme Execution I if any (Month/Day		ion Date, Transaction Code (Instr.			4. Securities Acquired (A) or Dispos (D) (Instr. 3, 4 and 5)			or Disposed	5. Amount of Securities Beneficially Owned at en		es ally	6. Own Form (D) o	ership n: Direct	7. Nature of Indirect Beneficial Ownership		
				(wonth/bay/1		lear) b)		Amoun		(A) or (D)			uer's	's Fiscal 📗 Ìi			(Instr. 4)	
Common Stock 08			08/24/2016		G			50	50,000 D \$0		\$0.00	2,803,486		3,486	D			
Common Stock			11/30/2016		G			100	0,000	D	\$0.00		2,703,486		D			
		Та	ble II - Derivat (e.g., p	ive Secur uts, calls,									ned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transaction Code (Instr. 8)	5. Nu of Deriv Secu Acqu (A) oi Dispo of (D) (Instr and 5	ative rities ired osed	Expir (Mon	ate Exercisable and iration Date nth/Day/Year)  e Expiration rcisable Date		7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)  Amount of Number of Number of Shares		nt er				10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4	Beneficial Ownership (Instr. 4)	

**Explanation of Responses:** 

Remarks:

/s/ S. Halle Vakani, Attorney-

02/13/2017

in-Fact

\*\* 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 Number.