FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPROVAL
OMB Number: 3235-0287
Estimated average burden
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Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. *See* Instruction 1(b).

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

| (Print or Ty | pe Response | s) | | | | | | | | | | | | | | | |
|--|---|---------------------------------|------------------------------------|---------|---|----------|-----------------------|----------|--|--------------------|------------------------|---|---|--|---|--|-----------------|
| 1. Name and Address of Reporting Person * O'Brien Shelly | | | | | 2. Issuer Name and Ticker or Trading Symbol ENVESTNET, INC. [ENV] | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner | | | | |
| 35 E. WACKER DRIVE, SUITE 2400 | | | | · | 3. Date of Earliest Transaction (Month/Day/Year) 01/18/2012 | | | | | | | | X Officer (give title below) Other (specify below) General Counsel | | | | |
| (Street) | | | | | 4. If Amendment, Date Original Filed(Month/Day/Year) | | | | | | | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| | 60, IL 606 | | (71.) | | | | | | | | | | | | | | |
| (City | ") | (State) | (Zip) | | | Ta | able I | - Nor | ı-Dei | rivative | Securities | Acqui | ired, Disp | osed of, or l | Beneficially | Owned | |
| 1.Title of Security (Instr. 3) | | | 2. Transacti Date (Month/Day | y/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | | if Code (Instr. 8) | | ction 4. Securities Acqui (A) or Disposed of (Instr. 3, 4 and 5) | | of (D) | Beneficia Reported | nt of Securities ally Owned Following I Transaction(s) | | Form: | 7. Nature of Indirect Beneficial | |
| | | | | | | | | a da | V | A | (A) or | Duiaa | (Instr. 3 a | nd 4) | | Direct (D) or Indirect (I) | rect (Instr. 4) |
| Common | n Stock | | 01/18/203 | 12(1) | | | | ode S | V | 3,000 (2) | D S | Price 8 12.52 | 36,443 | | | (Instr. 4) D | |
| | | | Tal | | erivative S | | | equire | the t | form di isposed | splays a of, or Ben | curre: | ntly valid | OMB con | spond unle trol numbe | | |
| 1 Tid C | I ₂ | 2 T | 24 D | ` | e.g., puts, ca | alls, wa | | ts, op | | | | | :41 1 | 0 D.:C | 0. Manualtan | . C 10 | 11 N-6 |
| 1. Title of Derivative Security (Instr. 3) | Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/ | Year) Execu | | 4. Transaction Code Year) (Instr. 8) | | | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | Amo Und Secu | itle and bunt of erlying urities tr. 3 and | Derivative Security (Instr. 5) | 9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | Owners Form o Derivat Securit Direct (or India | ownersh y: (Instr. 4) D) ect | |
| | | | | | Code | e V | (A) | (D) | Date | e rcisable | Expiration Date | n Title | Amount or Number of Shares | | | | |

Reporting Owners

| D (1 0 V / | Relationships | | | | | | | |
|---|---------------|--------------|-----------------|-------|--|--|--|--|
| Reporting Owner Name / Address | Director | 10% Owner | Officer | Other | | | | |
| O'Brien Shelly 35 E. WACKER DRIVE SUITE 2400 CHICAGO, IL 60601 | | | General Counsel | | | | | |

Signatures

| /s/ Shelly O'Brien | 01/20/2012 |
|---------------------------------|------------|
| **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) Sale pursuant to a 10b5-1 Plan.
- (2) Average share sales price.

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.