

(Print or Type Responses)

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

OMB APPROVAL				
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nours per respons	se 0.5			

INITIAL STATEMENT OF 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

1. Name and Address of Reporting Person* FOX JAMES L	2. Date of Event Requiring Statement (Month/Day/Year) -02/04/2015		_	3. Issuer Name and Ticker or Trading Symbol ENVESTNET, INC. [ENV]					
(Last) (First) (Middle) 35 EAST WACKER DRIVE, SUITE 2400	02/04/2013			4. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner			5. If Amendment, Date Original Filed(Month/Day/Year)		
(Street) CHICAGO, IL 60601				Officer (give title Other (specify			6. Individual or Joint/Group Filing(Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person		
(City) (State) (Zip)	Table I - Non-Derivative Securities Beneficially Owned								
1.Title of Security (Instr. 4)		Beneficially Owned (Instr. 4) For (D) (I)		Form: Direct D) or Indirect	4. Nature of Indirect Beneficial Ownership (Instr. 5)				
Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly. SEC 1473 (7-02) 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 Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)									
(Instr. 4) and Expir	Date Exercisab nd Expiration Da Month/Day/Year)	iration Date Securities Un			4. Conversion or Exercise Price of Derivative	5. Ownership Form of Derivative Security: Direct	6. Nature of Indirect Beneficial Ownership (Instr. 5)		
	Date Expiration Date Title Amount or Number of Shares Security	(D) or Indirect (I) (Instr. 5)							

Reporting Owners

Reporting Owner Name /	Relationships					
Address	Director	10% Owner	Officer	Other		
FOX JAMES L 35 EAST WACKER DRIVE SUITE 2400 CHICAGO, IL 60601	X					

Signatures

/s/ Shelly O'Brien, by power of attorney for James Fox		02/13/2015
Signature of Reporting Person		Date

Explanation of Responses:

No securities are beneficially owned

- * 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.

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.