FORM 4

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

OMB APPROVAL
OMB Number: 3235-0287
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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) | | | | | | | | | | | | | |
|---|---|--|--|---|-----------------------------|------------|--|---------------------------------|---|--|---|---|---|---|---------------------------------------|
| 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 | | | | |
| (Last) (First) (Middle) 35 EAST WACKER DRIVE, SUITE 2400 | | | | 3. Date of Earliest Transaction (Month/Day/Year) 02/01/2019 | | | | | | | X_ Office | er (give title bel Ch | ow) nief Legal Of | Other (specify b | elow) |
| (Street) CHICAGO, IL 60601 | | | | 4. If Amendment, Date Original Filed(Month/Day/Year) | | | | | | ar) | _X_ Form fil | 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 Acqu | | | | | | uired, Disp | ired, Disposed of, or Beneficially Owned | | | | | |
| (Instr. 3) Dat | | 2. Transaction Date (Month/Day/Year) | | if C | (Instr. 8) | | 4. Securities Acquir (A) or Disposed of (Instr. 3, 4 and 5) | | d of (D | Beneficia Reported | ant of Securities ally Owned Following d Transaction(s) | | 6. Ownership Form: | Beneficial | |
| | | | (Month/Day/Year) | | Code | V | 7 Amou | (A) or (D) | Price | (Instr. 3 a | and 4) | | | Ownership (Instr. 4) | |
| Common | Stock | | 02/01/2019 | | | F(1) | | 716 | D | \$ 55.1 | 2 41,223 | | | D | |
| | | | | Derivative Secu | | | co the | ntained e form d Disposed | in this fi isplays of, or B | form a a curr Senefici | | uired to res OMB con | spond unle | ss | 1474 (9-02) |
| | ı | ı | | (e.g., puts, calls, | | ants, o | | | | | | 1 | 1 | | |
| Security | 2. Conversion or Exercise Price of Derivative Security | 3. Transactio Date (Month/Day/ | Year) Execution Da | | of De See Ac (A) Dis of (In | Number and | | d Expirat | Date Exercisable Expiration Date onth/Day/Year) | | Title and mount of nderlying eccurities nstr. 3 and | Derivative Security (Instr. 5) | 9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4) | Owners Form of Derivati Security Direct (I or Indire | Beneficial Ownership (Instr. 4) |
| | | | | Code V | V (A | .) (D | Ex | ate cercisable | Expirat Date | tion Ti | Amount or Number of Shares | | | | |

Reporting Owners

| D (1 0 N / | Relationships | | | | | | | |
|---|---------------|--------------|---------------------|-------|--|--|--|--|
| Reporting Owner Name / Address | Director | 10% Owner | Officer | Other | | | | |
| O'Brien Shelly 35 EAST WACKER DRIVE SUITE 2400 CHICAGO, IL 60601 | | | Chief Legal Officer | | | | | |

Signatures

| /s/ Shelly O'Brien | 03/19/2019 |
|---------------------------------|------------|
| **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) The reporting person is reporting the withholding by Envestnet, Inc. of shares of common stock to satisfy the reporting person's tax withholding obligations in connection with the vesting of restricted stock units.

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.