FORM 4	4
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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).

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

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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

(rint of Type Responses)										
1. Name and Address of Reporting Pe DePina Stuart	2. Issuer Name an ENVESTNET,				ıbol		5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner			
35 E. WACKER DRIVE, SUIT	3. Date of Earliest 09/28/2019	Transactio	n (M	onth/Day/	Year)	XOfficer (give title below) Other (specify below) Envestnet Data & Analytics*				
(Street) CHICAGO, IL 60601	4. If Amendment, 1	Date Origin	nal Fi	iled(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			
(City) (State)	(Zip)	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned								
1.Title of Security 2. Transaction (Instr. 3) Date (Month/Day/Year)		Execution Date, if	3. Transac Code (Instr. 8)	ction	4. Securi (A) or D (Instr. 3,	isposed	of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. 7. Nature Ownership of Indirect Form: Beneficial Direct (D) Ownership or Indirect (Instr. 4)	of Indirect Beneficial Ownership
			Code	v	Amount	or	Price		(I) (Instr. 4)	
Common Stock	09/28/2019		F <u>(1)</u>		370	D	\$ 56.97	72,930	D	

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

ly owned directly or indirectly.

Persons who respond to the collection of information

SEC 1474 (9-02)

contained in this form are not required to respond unless the form displays a currently valid OMB control number.

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

(e.g., puts, calls, warrants, options, convertible securities)															
1. Title of	2.	3. Transaction	3A. Deemed	4.		5.		6. Date Exer	cisable	7. Tit	le and	8. Price of	9. Number of	10.	11. Nature
Derivative	Conversion	Date	Execution Date, if	Transactio	on	Number		and Expirati	piration Date Amount of		Derivative	Derivative	Ownership	of Indirect	
Security	or Exercise	(Month/Day/Year)	any	Code		of	of (Month/Day/Year) U		Underlying Security		Securities	Form of	Beneficial		
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)		Deriv	ative			Secur	rities	(Instr. 5)	Beneficially	Derivative	Ownership
	Derivative					Secur				(Instr. 3 and				~	(Instr. 4)
	Security					Acqu				4)			0	Direct (D)	
						(A) or						1	or Indirect		
						Disposed							Transaction(s)	< / .	
						of (D)						(Instr. 4)	(Instr. 4)		
						(Instr. 3,									
						4, and 5)			-		-				
											Amount				
								Date	Expiration		or				
								Exercisable	*	Title	Number				
								Excicisable	Duit		of				
				Code	V	(A)	(D)				Shares				

Reporting Owners

Reporting Owner Name / Address	Relationships								
	Director	10% Owner	Officer	Other					
DePina Stuart 35 E. WACKER DRIVE SUITE 2400 CHICAGO, IL 60601			Envestnet Data & Analytics*						

Signatures

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.

Remarks:

*Chief Executive of Envestnet Data and Analytics

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.