# 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 *  Mayer Joshua					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) 11/08/2019							X Officer (give title below) Other (specify below)  Chief Operating Officer					
(Street) CHICAGO, IL 60601				4. If	4. If Amendment, Date Original Filed(Month/Day/Year)							_X_ Form fi	6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting PersonForm filed by More than One Reporting Person				
(City) (State) (Zip)					Table I - Non-Derivative Securities Acqu							uired, Disp	ired, Disposed of, or Beneficially Owned				
1.Title of Security (Instr. 3)			2. Transaction Date (Month/Day/Year)	Exec		e, if	(Instr. 8)		(A) or Disposed of (Instr. 3, 4 and 5)			of (D	D) Beneficially Owned Follow Reported Transaction(s)		Following	Form:	7. Nature of Indirect Beneficial
				(Mor	nth/Day/Y	ear)	Coc	le	V	Amoun	(A) or t (D)	Price	Ì	(Instr. 3 and 4)		Direct (D) or Indirect (I) (Instr. 4)	Ownership (Instr. 4)
Common	Stock		11/08/2019				S <sup>(1</sup>	1)		150	11)	\$ 63.8	1 19,404			D	
Common Stock												42	42		I	By Wife	
			Table II -					t uired	ont he f	ained in orm dis	n this fo splays a of, or Be	orm a a curr nefici	re not requently validates ally Owned	ction of inf uired to res I OMB con	spond unle	ss	1474 (9-02)
1. Title of Derivative Security (Instr. 3)		*****	3A. Deemed Execution Da	ate, if	4. Transaction Code Year) (Instr. 8)		5.		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Aı Uı Se	Title and mount of inderlying ecurities astr. 3 and	Derivative Security (Instr. 5)	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction ((Instr. 4)	Owners Form o Derivat Security Direct ( or Indir	Beneficia Ownershi (Instr. 4)	
				C	Code	V	(A)		Date Exer		Expiration Date	on Ti	or Number of Shares				

### **Reporting Owners**

P. 41 O. N. 4	Relationships								
Reporting Owner Name / Address	Director	10% Owner	Officer	Other					
Mayer Joshua 35 EAST WACKER DRIVE SUITE 2400 CHICAGO, IL 60601			Chief Operating Officer						

# **Signatures**

/s/ Shelly O'Brien, by Power-of-Attorney for Joshua Mayer	11/12/2019
**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 sale was pursuant to a Rule 10b5-1 plan.

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.