Benefitfocus,In	с.					
Form 5						
February 13, 20	17					
FORM \$	5				OMB AF	PROVAL
Check this boy no longer subj to Section 16.	t if ect	ED STATES	OMB Number: Expires:	3235-0362 January 31, 2005		
Form 4 or Form 5 obligations may continue. See Instruction	l	NNUAL ST	Estimated a burden hour response			
1(b). Form 3 Holdir Reported Form 4 Transactions Reported		17(a) of the	Section 16(a) of the Securities Exchan Public Utility Holding Company Act of of the Investment Company Act of 19	of 1935 or Section	I	
1. Name and Address of Reporting Person <u>*</u> Jenkins Shawn A			2. Issuer Name and Ticker or Trading	Reporting Person(s) to		
			Symbol Benefitfocus,Inc. [BNFT] 3. Statement for Issuer's Fiscal Year Ended	Issuer (Check)	
(Last)	(First)	(Middle)	(Month/Day/Year) 12/31/2016	X Director X Officer (give t		Owner r (specify
100 BENEFITFOCUS WAY				below)	below) CEO	
	(Street)		4. If Amendment, Date Original Filed(Month/Day/Year)	6. Individual or Joi	nt/Group Repo	orting
			•	(check	applicable line)	
CHARLESTO	N, SC 2	29492		_X_ Form Filed by C	One Reporting Pe	erson

X Form Filed by One Reporting Person ____ Form Filed by More than One Reporting Person

(City)	(State)	(Zip) Tab	le I - Non-Der	ivative Secu	rities	Acquir	ed, Disposed of	, or Beneficiall	y Owned
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)	4. Securitie (A) or Disp (Instr. 3, 4)	posed o	of (D)	5. Amount of Securities Beneficially Owned at end of Issuer's Fiscal Year (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
Common Stock	08/24/2016	Â	G	50,000	D	\$0	2,803,486	D	Â
Common Stock	11/30/2016	Â	G	100,000	D	\$0	2,703,486	D	Â

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

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.

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Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transaction Code (Instr. 8)	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	7. Tit Amou Unde: Secur (Instr	int of rlying	8. Price of Derivative Security (Instr. 5)	9. of D Se B O E I S Fi (I
					(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
Jenkins Shawn A 100 BENEFITFOCUS WAY CHARLESTON, SC 29492	ÂX	Â	CEO	Â			
Signatures							
/s/ S. Halle Vakani, Attorney-in-Fact		02/13/2017	,				

**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).

Note: File three copies of this Form, one of which must be manually signed. If space provided 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.