### Edgar Filing: Anderman Sigmund - Form 4

Anderman S Form 4	-										
September 0										PPROVAL	
FORM	<b>14</b> UNITED	STATES	SECUR	RITIES A	ND EXC	CHAN	NGE (	COMMISSION			
Check th				shington,					Number:	3235-0287	
Check th if no long subject to Section 1 Form 4 of Form 5 obligation may com <i>See</i> Instr 1(b).	C CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES ection 16(a) of the Securities Exchange Act of 1934, Public Utility Holding Company Act of 1935 or Sectio of the Investment Company Act of 1940						Expires: January 31 2005 Estimated average burden hours per response 0.5 n				
(Print or Type ]	Responses)										
Anderman Sigmund Syn			Symbol	Name and		Tradin	g	5. Relationship of Reporting Person(s) to Issuer			
(Last)	(First) (N	Middle)	(Chec				ck all applicable)				
	2 MAE, INC., 415 D ROAD, SUITE 2		(Month/E 09/05/2	-				Director X Officer (give below) Chief		6 Owner er (specify cer	
PI FASAN'	(Street) TON, CA 94588			ndment, Da hth/Day/Year	-			6. Individual or Jo Applicable Line) _X_ Form filed by Form filed by M		erson	
(City)		(Zip)						Person			
							-	uired, Disposed o		•	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deen Execution any (Month/E	n Date, if	Code (Instr. 8)	4. Securit: on(A) or Dis (Instr. 3, 4	sposed 4 and 5 (A) or	of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership 7. Nature of Form: Direct Indirect (D) or Beneficial Indirect (I) Ownership (Instr. 4) (Instr. 4)		
Common	09/05/2012			Code V M	Amount 1,666	(D) A	Price \$	1,666	D		
Stock					,		3.75	,			
Common Stock	09/05/2012			М	15,000	А	\$ 3.75	16,666	D		
Common Stock								10,000	Ι	by 401(k) Plan	
Common Stock								14,720	I	by Managed Account (1)	
Common Stock								412,751	Ι	by Trust (2)	

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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.

# 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. Transactio Code (Instr. 8)	5. Number of orDerivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amour Underlying Securit (Instr. 3 and 4)	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amo or Num of Sh
Incentive Stock Option (right to buy)	\$ 3.75	09/05/2012		М	1,666	(3)	09/24/2012	Common Stock	1,6
Non-Qualified Stock Option (right to buy)	\$ 3.75	09/05/2012		М	15,000	(3)	09/24/2012	Common Stock	15,(

## **Reporting Owners**

<b>Reporting Owner Name / Address</b>	Relationships						
1	Director	10% Owner	Officer	Other			
Anderman Sigmund C/O ELLIE MAE, INC. 4155 HOPYARD ROAD, SUITE 200 PLEASANTON, CA 94588			Chief Executive Officer				

## Signatures

Sigmund 09/06/2012 Anderman

<u>\*\*</u>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) These shares are held by Sigmund Anderman, Trustee of the Sigmund Anderman 2010 Grantor Retained Annuity Trust dated May 26, 2010.
- (2) These shares are held by Sigmund Anderman, Trustee of the Sigmund and Susan Anderman Family Trust dated March 3, 2006.

#### **Reporting Owners**

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- (3) 100% of the shares subject to the option are fully vested and exercisable.
- (4) The reported transaction is a grant of a derivative security, in which we have left column 8 blank, and have reported the exercise or conversion price of the derivative security in column 2.

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.