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| CVENT INC | 2 | | | | | | | | | | |
|---|--|-----------|---------------------|--------------------------|-----------------------|------------|---|--|--|---------------------------|--|
| Form 4 | | | | | | | | | | | |
| December 09 | 9, 2015 | | | | | | | | | | |
| FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION | | | | | | | | | PPROVAL | | |
| Chaols th | | SIAIL | | shington, | | | NGE C | 011111551014 | OMB Number: | 3235-0287 | |
| Check this box if no longer subject to STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP | | | | | | NERSHIP OF | Expires: January 20 Estimated average | | | | |
| Section 1 Form 4 o Form 5 obligatio may cont See Instru 1(b). | or Filed pur ^{ns} Section 17(a | a) of the | Public U | | e Securit ling Con | ipany | Act of | e Act of 1934, 1935 or Sectior 0 | burden hou response | | |
| (Print or Type I | Responses) | | | | | | | | | | |
| Lieberman Jeffrey Syr | | | Symbol | r Name and | | Tradir | ıg | 5. Relationship of Reporting Person(s) to Issuer | | | |
| (Last) | (First) (N | /liddle) | | f Earliest Tr | - | | | (Check all applicable) | | | |
| C/O INSIG | HT VENTURE S, 1114 AVENUE RICAS, 36TH FL | EOF | (Month/E 12/08/2 | ay/Year) | ansaction | | | X Director Officer (give below) | | Owner er (specify | |
| (Street) 4. If Ar | | | 4. If Ame | Amendment, Date Original | | | | 6. Individual or Joint/Group Filing(Check | | | |
| NEW YOR | K, NY 10036 | | | nth/Day/Year | - | | | Applicable Line) _X_ Form filed by C Form filed by M Person | one Reporting Pe | rson | |
| (City) | (State) | (Zip) | Tabl | e I - Non-E | Derivative S | Securi | ities Acq | uired, Disposed of | , or Beneficial | ly Owned | |
| 1.Title of Security (Instr. 3) | 2. Transaction Date 2A. Deemed (Month/Day/Year) Execution Date, if any (Month/Day/Year) | | | Code (Instr. 3, 4 and 5) | | | Owned(D) orFollowingIndirect (IReported(Instr. 4)Transaction(s) | | 7. Nature of Indirect et Beneficial Ownership (Instr. 4) | | |
| Common Stock, par value \$0.001 per share | | | | Code V | Amount | (D) | Price | (Instr. 3 and 4) 62,370 | D | | |
| Common Stock, par value \$0.001 per share | 12/08/2015 | | | S | 47,400 | D | \$ 36.77 (3) | 1,940,015 <u>(1)</u> (2) | I | See footnotes (1) (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 SEC 1474 information contained in this form are not (9-02)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) | 4. Transacti Code (Instr. 8) | 5. ofNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | | ate | Secur | int of rlying | 8. Price of Derivative Security (Instr. 5) | 9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr |
|---|---|---|---------------------------------------|---|---------------------|--------------------|-------|--|---|--|
| | | | Code V | (A) (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | |

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | |
|--|---------------|-----------|---------|-------|--|
| r g g g g g g g g g g g g g g g g g g g | Director | 10% Owner | Officer | Other | |
| Lieberman Jeffrey C/O INSIGHT VENTURE PARTNERS 1114 AVENUE OF THE AMERICAS, 36TH FLOOR NEW YORK, NY 10036 | Х | | | | |
| Signatures | | | | | |

S /s/ Jeffrey

Reporting Person

12/09/2015 Lieberman **Signature of 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) See Exhibit 99.1.
- (2) See Exhibit 99.1.
- (3) See Exhibit 99.1.

Remarks: Exhibit List:

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Exhibit 99.1 - Explanation of Responses

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.