Edgar Filing: VARONIS SYSTEMS INC - Form 4

	YSTEMS INC										
Form 4 August 22, 2	016										
e									OMB AF	PROVAL	
FORM	UNITEL) STATES		RITIES A shington,			NGE C	OMMISSION	OMB Number:	3235-0287	
Check this box if no longer subject to Section 16. Form 4 or				GES IN SECUR		CIA	L OWN	NERSHIP OF	Expires: Estimated a burden hour	rs per	
Form 5 obligation may cont See Instru 1(b).	Filed pu ns Section 17	7(a) of the l	Public U		ling Com	pany	Act of	e Act of 1934, 1935 or Sectior 0	response	0.5	
(Print or Type F	Responses)										
			2. Issuer Name and Ticker or Trading Symbol VARONIS SYSTEMS INC [VRNS]					5. Relationship of Reporting Person(s) to Issuer			
				f Earliest Tr		L	,	(Check all applicable)			
	GREEN VENTU 5, 25 HABARZ		(Month/E 08/18/2	-				Director Officer (give t below)	title Othe below)		
				endment, Date Original onth/Day/Year)				 6. Individual or Joint/Group Filing(Check Applicable Line) Form filed by One Reporting Person 			
TEL AVIV,	L3 69710							_X_Form filed by M Person			
(City)	(State)	(Zip)	Tabl	e I - Non-D	Perivative S	Securi	ties Acqu	uired, Disposed of,	, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction Da (Month/Day/Year		n Date, if	3. Transactio Code (Instr. 8) Code V	4. Securiti on(A) or Dis (Instr. 3, 4) Amount	sposed	of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Common stock	08/18/2016			S	17,238	D	\$ 27.61	3,189,513	D (1) (2)		

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. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	Expiration D (Month/Day/ e	iration Date Inth/Day/Year)		le and unt of rlying rities . 3 and 4)	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		

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Reporting Owners

Reporting Owner Name / Address		Relationsh	nips			
	Director	10% Owner	Officer	Other		
EVERGREEN IV L.P. C/O EVERGREEN VENTURE PARTNERS 25 HABARZEL ST. TEL AVIV, L3 69710		Х				
Evergreen IV GP, L.P. C/O EVERGREEN VENTURE PARTNERS 25 HABARZEL STREET TEL AVIV, L3 69710		Х				
Evergreen E.P.F IV Ltd. C/O EVERGREEN VENTURES PARTNERS 25 HABARZEL STREET TEL AVIV, L3 69710		Х				
Signatures						
/s/Evergreen IV, L.P. By: Evergreen IV GP, L.P., its sole General Partner, By: Evergreen Management Ltd, its sole General Partner /s/ Amichal Hammer, authorized signatories						
<u>**</u> Signature of R	Date					
/s/ Evergreen IV GP, L.P. By: Evergreen Management Ltd, its sole General Partner, /s/ Motti Hoss /s/ Amichal Hamer, authorized signatories						
<u>**</u> Signature of R	eporting Perso	on			Date	
/s/ Evergreen Management Ltd. /s/ Motti Hoss /s/ Amichal Hamer, authorized signatories						
**Signature of R	eporting Perso	on			Date	
Evaluation of Responses	-					

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)

Represents shares directly held by Evergreen IV, L.P., the general partner of which is Evergreen IV GP, L.P., and the general partner of which is Evergreen Management Ltd.

(2) Evergreen IV GP, L.P. and Evergreen Management Ltd. are additional reporting persons and each has the same address as the reporting person listed above.

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.