Endurance International Group Holdings, Inc. Form 4 March 27, 2017

Check thi if no long subject to Section 1 Form 4 of	s box ger STATE 6.	UNITED STATES SECURITIES AND EXCHANGE CO Washington, D.C. 20549 STATEMENT OF CHANGES IN BENEFICIAL OWNE SECURITIES								OMB Number: Expires: Estimated a burden hour	0	
Form 4 or Form 5 obligations may continue. See Instruction 1(b). Form 5 obligations may continue. See Instruction 1(b). Form 5 obligations Mage Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940 30(h) of the Investment Company Act of 1940												
Print or Type R	Responses)											
1. Name and A Montagner M	ddress of Reporting Marc	g Person <u>*</u>	Symbol Endurar	Name and nce Intern s, Inc. [E	nation				5. Relationship of Issuer (Checl	Reporting Pers k all applicable		
HOLDINGS	RANCE INT'L (3. Date of (Month/D 03/26/20	-	ransac	tion			Director X Officer (give below) Chief H		Owner rr (specify er	
				endment, Date Original onth/Day/Year)					6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person			
BURLINGT	ON, MA 01803								Form filed by M Person	lore than One Rep	porting	
(City)	(State)	(Zip)	Tabl	e I - Non-I	Deriva	tive Se	curitie	es Acqu	uired, Disposed of	, or Beneficiall	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction Dat (Month/Day/Year)) Executio any	med on Date, if Day/Year)	3. Transactio Code (Instr. 8)	on(A) (Inst	ecurities or Disp tr. 3, 4 a	osed o and 5) (A) or	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)		
Common Stock	03/26/2017			Code V A		nount 3,214	(D) A	Price (<u>1)</u>	409,682	D		
SIUCK												

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)	4. Transactio Code (Instr. 8)	5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)			7. Title and Amount of Underlying Securities (Instr. 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		Relationships						
		Director	10% Owner	Officer	Other			
Montagner Marc C/O ENDURANCE INT'L GROUP HC 10 CORPORATE DRIVE, SUITE 300 BURLINGTON, MA 01803	OLDINGS, INC.			Chief Financial Officer				
Signatures								
/s/ Lara Mataac, 0. attorney-in-fact 0.	3/27/2017							

**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).

Represents restricted shares granted on February 16, 2016 under the issuer's 2013 Stock Incentive Plan subject to the issuer's satisfaction of performance targets. The transaction date represents the date on which the issuer's Compensation Committee determined the extent to which the performance targets were achieved. The shares are also subject to a time-based vesting requirement and shall vest on March 31,

(1) 2017 (the "Vesting Date") so long as Mr. Montagner is employed by the issuer on the Vesting Date. If Mr. Montagner's employment is terminated without cause, due to death or disability, or for good reason prior to the Vesting Date, the number of shares that shall vest on the Vesting Date will be reduced pro-rata based on the duration of his employment during the period from January 1, 2016 through the Vesting Date.

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.