Edgar Filing: VARONIS SYSTEMS INC - Form 4

	YSTEMS INC										
Form 4 March 04, 20)16										
									OMB AF	PROVAL	
FORM	4 UNITED) STATES		RITIES A shington,			NGE C	OMMISSION	OMB Number:	3235-0287	
Check this box if no longer subject to Section 16.				IGES IN I SECUR		CIA	L OWN	VERSHIP OF	OF Expires: January 31 200 Estimated average burden hours per		
Form 4 o Form 5 obligation may cont <i>See</i> Instru 1(b).	Filed pu ns Section 17	7(a) of the H	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			
(Last) (First) (Middle) C/O EVERGREEN VENTURE PARTNERS, 25 HABARZEL ST.			3. Date of Earliest Transaction (Month/Day/Year) 03/02/2016					(Check all applicable) Director Officer (give title Other (specify 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	Iore than One Re	porting	
(City)	(State)	(Zip)	Tabl	le I - Non-D	erivative S	Securi	ties Acqu	uired, Disposed of,	, or Beneficiall	y Owned	
1.Title of Security (Instr. 3)	2. Transaction Da (Month/Day/Year		ned 1 Date, if	3.	4. Securiti n(A) or Dis (Instr. 3, 4) Amount	ies Acosposed	quired of (D) i) Price	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	
Common Stock	03/02/2016			S	15,000	D	\$ 19.27	3,486,212	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	n Date A ay/Year) U So		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. Management Ltd, its sole General Partner /s/ Au	03/04/2016				
<u>**</u> Signature of R	Date				
/s/ Evergreen IV GP, L.P. By: Evergreen Management Ltd, its sole General Partner, /s/ Motti Hoss /s/ Amichai Hammer, authorized signatories					
<u>**</u> Signature of R	eporting Perso	on			Date
/s/ Evergreen Management, Ltd. /s/ Motti Hoss	03/04/2016				
<u>**</u> Signature of R	eporting Perso	on			Date
Evaluation of Posponsos	-				

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.