

ENDOLOGIX INC /DE/
Reported by
CAMBER CAPITAL MANAGEMENT LLC

FORM 3
(Initial Statement of Beneficial Ownership)

Filed 02/26/18 for the Period Ending 02/14/18

Address	2 MUSICK IRVINE, CA, 92618
Telephone	9495957200
CIK	0001013606
Symbol	ELGX
SIC Code	3841 - Surgical and Medical Instruments and Apparatus
Industry	Medical Equipment, Supplies & Distribution
Sector	Healthcare
Fiscal Year	12/31

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person *			2. Date of Event Requiring Statement (MM/DD/YYYY)		3. Issuer Name and Ticker or Trading Symbol	
Camber Capital Management LLC			2/14/2018		ENDOLOGIX INC /DE/ [ELGX]	
(Last)	(First)	(Middle)	4. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
101 HUNTINGTON AVENUE, SUITE 2101			<input type="checkbox"/> Director <input checked="" type="checkbox"/> 10% Owner <input type="checkbox"/> Officer (give title below) <input type="checkbox"/> Other (specify below)			
(Street)			5. If Amendment, Date Original Filed (MM/DD/YYYY)		6. Individual or Joint/Group Filing (Check Applicable Line)	
BOSTON, MA 02199					<input checked="" type="checkbox"/> Form filed by One Reporting Person <input type="checkbox"/> Form filed by More than One Reporting Person	
(City)			(State)			(Zip)

Table I - Non-Derivative Securities Beneficially Owned

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
Common Stock	9300000	I	See Footnotes (1) (2)

Table II - Derivative Securities Beneficially Owned (e.g. , puts, calls, warrants, options, convertible securities)

1. Title of Derivate Security (Instr. 4)	2. Date Exercisable and Expiration Date (MM/DD/YYYY)		3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)		4. Conversion or Exercise Price of Derivative Security	5. Ownership Form of Derivative Security: Direct (D) or Indirect (I) (Instr. 5)	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date	Title	Amount or Number of Shares			

Explanation of Responses:

- Securities reported herein for Camber Capital Management LLC (the "LLC") represent Common Stock beneficially owned and held of record by Camber Capital Master Fund, L.P. (the "Master Fund"), another private investment fund (the "Fund") and one managed account (the "Managed Account") for which the LLC serves as the investment manager. Stephen DuBois is the managing member of the LLC and managing member of the general partner for the Fund and the Master Fund. The LLC, the Master Fund, the Fund, the Managed Account, general partner and Mr. DuBois (the "Reporting Persons") are each beneficial owners and have an address of 101 Huntington Avenue, Floor 21, Boston, MA 02199. The Reporting Persons disclaim beneficial ownership, within the meaning of Section 16 of the Securities Exchange Act of 1934, as amended, or otherwise of such portion of the shares in which the Reporting Persons have no actual pecuniary interest therein.
- Of the securities reported herein, 9,099,378 shares of Common Stock are held for the account of the Master Fund, 55,567 shares of Common Stock are held for the account of the Fund, and 145,055 shares of Common Stock are held for the account of the Managed Account.

Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
Camber Capital Management LLC 101 HUNTINGTON AVENUE SUITE 2101 BOSTON, MA 02199		X		

Signatures

/s/ Stephen DuBois

2/26/2018

**Signature of Reporting Person

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

* If the form is filed by more than one reporting person, *see* Instruction 5(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).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure.

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.