

ENDOLOGIX INC /DE/  
Form 3  
June 12, 2006

**FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION**  
**Washington, D.C. 20549**

OMB APPROVAL

OMB Number: 3235-0104  
Expires: January 31, 2005  
Estimated average burden hours per response... 0.5

**INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES**

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,  
Section 17(a) of the Public Utility Holding Company Act of 1935 or Section  
30(h) of the Investment Company Act of 1940

(Print or Type Responses)

1. Name and Address of Reporting Person *			2. Date of Event Requiring Statement	3. Issuer Name <b>and</b> Ticker or Trading Symbol	
Â ELLIOTT			(Month/Day/Year)	ENDOLOGIX INC /DE/ [ELGX]	
INTERNATIONAL, L.P.			05/31/2006		
(Last)	(First)	(Middle)	4. Relationship of Reporting Person(s) to Issuer		5. If Amendment, Date Original Filed(Month/Day/Year)
C/O MAPLES & CALDER, P.O.			(Check all applicable)		
BOX 309,Â UGLAND HOUSE,			_____ Director <input checked="" type="checkbox"/> 10% Owner		
SOUTH CHURCH STREET			_____ Officer    _____ Other		
(Street)			(give title below)    (specify below)		
GEORGE TOWN,Â E9Â 00000			6. Individual or Joint/Group Filing(Check Applicable Line)		
(City)	(State)	(Zip)	_X_ Form filed by One Reporting Person		
			___ Form filed by More than One Reporting Person		

**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	3,084,001	D	Â

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

SEC 1473 (7-02)

**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 Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)**

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

## Reporting Owners

**Reporting Owner Name / Address**

**Relationships**

Director 10% Owner Officer Other

ELLIOTT INTERNATIONAL, L.P.  
 C/O MAPLES & CALDER, P.O. BOX 309  
 UGLAND HOUSE, SOUTH CHURCH STREET  
 GEORGE TOWN, E9 00000

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## Signatures

Elliot Greenberg, V.P. of Elliott International Capital Advisors Inc., as Attorney-In-Fact for Elliott International, L.P.

06/12/2006

\_\_Signature of Reporting Person

Date

## Explanation of Responses:

- \* 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).

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**Remarks:**

Elliott International Capital Advisors Inc., a Delaware corporation ("EICA"), is the investment manager of Elliott International, L.P., a Cayman Islands exempt company ("Elliott International"). EICA may be deemed to have ownership of the securities owned by Elliott International. EICA disclaims beneficial ownership of the securities in which indirect beneficial ownership is described in this Form 3, except to the extent described therein. Pursuant to Rule 16a-1(a)(4) promulgated under the Securities Exchange Act of 1934, as amended, Reporting Persons herein states that the filing of this Form 3 and the statements made herein shall constitute an admission that it is the beneficial owner of any of the securities covered by this Form.

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.