Archon Capital Management LLC Form 3 December 20, 2018 UNITED STATES SECURITIES AND EXCHANGE COMMISSION OMB APPROVAL FORM 3 Washington, D.C. 20549

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 <u>*</u> Archon Capital Management LLC			2. Date of Event Requiring Statement (Month/Day/Year) 12/12/2018	3. Issuer Name and Ticker or Trading Symbol Conformis Inc [CFMS]			
(Last) (First) (Middle)				4. Relationship of Reporting Person(s) to Issuer		5. If Amendment, Date Original Filed(Month/Day/Year)	
1100 191H	AVENUE	E,A		(Chask all applicable)			
(Street) SEATTLE, WA 98112				(Check all applicable) <u> </u>		 6. Individual or Joint/Group Filing(Check Applicable Line) Form filed by One Reporting Person X_Form filed by More than One Reporting Person 	
(City)	(State)	(Zip)	Table I - N	Non-Derivat	ive Securit	ies Be	eneficially Owned
1.Title of Security (Instr. 4)			2. Amount of Securities 3. Beneficially Owned Ov (Instr. 4) Fo Di or (I) (Ir		Owne	4. Nature of Indirect Beneficial Ownership (Instr. 5)	
Common Sto	ock, \$.0000	01 par valu	e 7,610,455		Ι	See	Footnote (1)
Reminder: Report on a separate line for each class of securities benefici owned directly or indirectly. Persons who respond to the collection of information contained in this form are not required to respond unless the form displa currently valid OMB control number.				t S.	EC 1473 (7-02	2)	
т	able II - Der	rivative Secu	rities Beneficially Owned (e	g, nuts, calls	warrants on	tions of	convertible securities)

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

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

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

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Date	Expiration	Amount or	or Indirect
Exercisable	Date	Number of	(I)
		Shares	(Instr. 5)

Reporting Owners

Reporting Owner Name / Address		Relations				
		10% Owner	Officer	Other		
Archon Capital Management LLC 1100 19TH AVENUE E SEATTLE, WA 98112	Â	ÂX	Â	Â		
CHRISTOFILIS, CONSTANTINOS C/O ARCHON CAPITAL MANAGEMENT LLC 1100 19TH AVENUE E SEATTLE, WA 98112	Â	ÂX	Â	Â		
Signatures						
Archon Capital Management LLC, By: /s/ Constantinos Christofilis, Managing Member					12/20/2018	
**Signature of Reporting Perso	on				Date	
/s/ Constantinos Christofilis					12/20/2018	
<u>**</u> Signature of Reporting Perso	on				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).

The securities reported herein are held by multiple private funds. The reported securities may be deemed beneficially owned by Archon Capital Management LLC, the investment manager of such private fund clients and Constantinos Christofilis, the managing member of Archon Capital Management, each a Reporting Person. Archon Capital Management LLC and Constantinos Christofilis each disclaim

(1) beneficial ownership of the reported securities except to the extent of their pecuniary interest therein, and this report shall not be deemed an admission that each Reporting Person is the beneficial owner of the securities for purposes of Section 16 of the Securities Exchange Act of 1934, as amended, or for any other purpose.

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.