

CAPITAL PARTNERSHIP LP
 Form 3
 May 20, 2013

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

OMB APPROVAL

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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 and Ticker or Trading Symbol	
Â CAPITAL PARTNERSHIP LP			(Month/Day/Year)	EGAIN Corp [EGAN]	
(Last)	(First)	(Middle)	05/09/2013		
201 MAIN STREET,Â SUITE 2300			4. Relationship of Reporting Person(s) to Issuer		
(Street)			(Check all applicable)		
FT WORTH,Â TXÂ 76102			<input type="checkbox"/> Director <input type="checkbox"/> 10% Owner <input type="checkbox"/> Officer <input checked="" type="checkbox"/> Other (give title below) (specify below) See Remarks		
(City)	(State)	(Zip)	5. If Amendment, Date Original Filed(Month/Day/Year)		
			6. Individual or Joint/Group Filing(Check Applicable Line)		
			<input type="checkbox"/> Form filed by One Reporting Person		
			<input checked="" type="checkbox"/> 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	537,576	D ⁽¹⁾	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 (Instr. 4)	4. Conversion or Exercise Price of Derivative	5. Ownership Form of Derivative Security:	6. Nature of Indirect Beneficial Ownership (Instr. 5)
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Date Exercisable	Expiration Date	Title	Amount or Number of Shares	Security	Direct (D) or Indirect (I) (Instr. 5)
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Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
CAPITAL PARTNERSHIP LP 201 MAIN STREET SUITE 2300 FT WORTH, TX 76102	^	^	^	See Remarks
CAPITAL GENPAR LLC 201 MAIN STREET SUITE 2300 FT WORTH, TX 76102	^	^	^	See Remarks
GROUP VI 31 LLC 201 MAIN STREET SUITE 2300 FT WORTH, TX 76102	^	^	^	See Remarks

Signatures

CAPITAL PARTNERSHIP, L.P., By: CAPITAL GENPAR, L.L.C., its general partner, By: /s/ Kevin G. Levy, Vice President		05/20/2013
Signature of Reporting Person		Date
CAPITAL GENPAR, L.L.C. By: /s/ Kevin G. Levy, Vice President		05/20/2013
Signature of Reporting Person		Date
GROUP VI 31, L.L.C. By: /s/ Kevin G. Levy, Vice President		05/20/2013
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).
- (1) Capital Partnership, L.P. ("Capital") is the direct beneficial owner of the shares of the Issuer's Common Stock reported in this line. Capital GenPar, L.L.C. ("Capital GenPar") does not have a direct beneficial interest in the Issuer's Common Stock and is reporting solely in its capacity as the general partner of Capital. Group VI 31, L.L.C. does not have a direct beneficial interest in the Issuer's Common Stock and is reporting solely in its capacity as the sole member of Capital GenPar.

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Remarks:

The Reporting Persons beneficially own less than 10% of the outstanding securities of the Issuer, but

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.