SEC Form 4

## FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL OMB Number: 3235-0287 Estimated average burden hours per response: 0.5

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 <sup>*</sup> Begleiter Steven L						2. Issuer Name <b>and</b> Ticker or Trading Symbol WisdomTree Investments, Inc. [WETF]								(Checł	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
(Last)	(First)		(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 02/02/2012									Director Officer (give title below)		10% Ow Other (s below)			
650 MADISON AVENUE 19TH FLOOR					4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person						
(Street) NEW YORK	NY	10	0022												1 onn me				ig i erson	
(City)	(State)	(Zi	ip)																	
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																				
Date				Date	Date Month/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 ar				d 5) 5. Amount of Securities Beneficially Following F Transaction		Form:	nership : Direct (D) lirect (I) . 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
									Code	v	Amount		(A) or (D)	Price	(Instr. 3 and				(1130.4)	
Common Stock 02/0					02/2012				S		1,722,3	18	D	\$5.33	8,277,682(1)			I	By Flexpoint Fund, L.P.	
Common Stock 02/0				02/03/2012				S		277,682		D	\$5.33	8,000,000(1)			I	By Flexpoint Fund, L.P.		
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)	Execution Date,			4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exerci Expiration Dat (Month/Day/Ye		e Securities Under		derlying curity	ying Derivative		er of e s ally g I ion(s)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
Explanation of Ba					Code V		(A)	(D)			Expiration Date	or Nu		Amount or Number of Shares		(Instr. 4)				

Explanation of Responses:

1. The shares reported in Table I are owned directly by Flexpoint Fund, L.P. (the Fund). Flexpoint Managment, L.P. (the GP) is the general partner of the Fund. Although the reporting person has no voting or dispositive power over these shares, by virtue of his interest in the GP, he may be deemed to have indirect beneficial ownership of these shares. The reporting person expressly disclaims beneficial ownership of these shares except to the extent of his pecuniary interest threein, and the inclusion of these shares in this report shall not be deemed an admission of beneficial ownership of these shares for purposes of Section 16 or for any other purpose.

/s/ Peter M. Ziemba, Attorney-in-	02/06/2012			
<u>Fact</u>	02/00/2012			
** Signature of Reporting Person	Date			

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

 $^{\ast}$  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).

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 Number.