OAK HILL VENTURE FUND I LP Form SC 13D/A May 13, 2013

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

Schedule 13D

Under the Securities Exchange Act of 1934 (Amendment No. 11)\*

> eGain Corporation (Name of Issuer)

Common Stock, Par Value \$.001 Per Share (Title of Class of Securities)

> 282225C103 (CUSIP Number)

John C. Kennedy, Esq. Paul, Weiss, Rifkind, Wharton & Garrison LLP 1285 Avenue of the Americas New York, NY 10019 (212) 373-3025 (Name, Address and Telephone Number of Person Authorized to Receive Notices and Communications)

May 9, 2013 (Date of Event which Requires Filing of this Statement)

If the filing person has previously filed a statement on Schedule 13G to report the acquisition which is the subject of this Schedule 13D, and is filing this schedule because of §§240.13d-1(e), 240.13d-1(f) or 240.13d-1(g), check the following box. o

\*The remainder of this cover page shall be filled out for a reporting person's initial filing on this form with respect to the subject class of securities, and for any subsequent amendment containing information which would alter disclosures provided in a prior cover page.

All ownership percentages set forth herein are based on there being 24,784,524 shares of Common Stock outstanding unless otherwise specified herein.

The information required on the remainder of this cover page shall not be deemed to be "filed" for the purpose of Section 18 of the Securities Exchange Act of 1934 (the "Act") or otherwise subject to the liabilities of that section of the

Act but shall be subject to all other provisions of the Act (however, see the Notes).

CUSIP No 282225C10		S	Page 2 of Page 2 of	11						
1			REPORTING PERSON S. IDENTIFICATION NOS. OF ABOVE PERSON							
	Oak Hill	l Ven	ture Fund I, L.P.							
2	CHECK	CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP (a) o (b) x								
3	SEC US	SEC USE ONLY								
4	SOURC	E OF	FFUNDS							
5	OO CHECK BOX IF DISCLOSURE OF LEGAL PROCEEDINGS IS REQUIRED PURSUANT o TO ITEMS 2(d) or 2(e)									
6	CITIZEI	NSH	IP OR PLACE OF ORGANIZATION							
	Delawar	e								
		7	SOLE VOTING POWER							
NUMBER	OF		0							
SHARES BENEFICIALLY OWNED BY		8	SHARED VOTING POWER							
EAC REPOR	CH RTING SON	9	0 SOLE DISPOSITIVE POWER							
VERS WI			0							
		10	SHARED DISPOSITIVE POWER							
			0							
11	AGGRE	GAT	TE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON							
	0									
12	CHECK BOX IF THE AGGREGATE AMOUNT IN ROW (11) EXCLUDES CERTAIN o SHARES									

3

0%

14 TYPE OF REPORTING PERSON

PN

CUSIP No. SC 13D 282225C103

1 NAME OF REPORTING PERSON S.S. OR I.R.S. IDENTIFICATION NOS. OF ABOVE PERSON

OHVF GenPar I, L.P.

2	CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP	(a) o
		(b) x

- 3 SEC USE ONLY
- 4 SOURCE OF FUNDS

Not applicable

5 CHECK BOX IF DISCLOSURE OF LEGAL PROCEEDINGS IS REQUIRED PURSUANT o TO ITEMS 2(d) or 2(e)

#### 6 CITIZENSHIP OR PLACE OF ORGANIZATION

Delaware

7 SOLE VOTING POWER

NUMBER OF		0
SHARES	8	SHARED VOTING POWER
BENEFICIALLY		
OWNED BY		0
EACH		
REPORTING	9	SOLE DISPOSITIVE POWER
PERSON		
WITH		0
	10	SHARED DISPOSITIVE POWER

0

# 11 AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON

0

13 PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW (11)

- 14 TYPE OF REPORTING PERSON
  - PN

CUSIP No. SC 13D 282225C103

1 NAME OF REPORTING PERSON S.S. OR I.R.S. IDENTIFICATION NOS. OF ABOVE PERSON

OHVF MGP I, LLC

2	CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP	(a) o
		(b) x

- 3 SEC USE ONLY
- 4 SOURCE OF FUNDS

Not applicable

5 CHECK BOX IF DISCLOSURE OF LEGAL PROCEEDINGS IS REQUIRED PURSUANT o TO ITEMS 2(d) or 2(e)

#### 6 CITIZENSHIP OR PLACE OF ORGANIZATION

Delaware

7 SOLE VOTING POWER

NUMBER OF		0
SHARES	8	SHARED VOTING POWER
BENEFICIALLY		
OWNED BY		0
EACH	0	
REPORTING	9	SOLE DISPOSITIVE POWER
PERSON		
WITH		0
	10	SHARED DISPOSITIVE POWER

0

# 11 AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON

0

- 14 TYPE OF REPORTING PERSON
  - 00

CUSIP No. SC 13D 282225C103

1 NAME OF REPORTING PERSON S.S. OR I.R.S. IDENTIFICATION NOS. OF ABOVE PERSON

Group Investors, LLC

2	CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP	(a) o
		(b) x

- 3 SEC USE ONLY
- 4 SOURCE OF FUNDS

Not applicable

5 CHECK BOX IF DISCLOSURE OF LEGAL PROCEEDINGS IS REQUIRED PURSUANT o TO ITEMS 2(d) or 2(e)

#### 6 CITIZENSHIP OR PLACE OF ORGANIZATION

Delaware

7 SOLE VOTING POWER

NUMBER OF		0
SHARES	8	SHARED VOTING POWER
BENEFICIALLY		
OWNED BY		0
EACH	0	
REPORTING	9	SOLE DISPOSITIVE POWER
PERSON		
WITH		0
	10	SHARED DISPOSITIVE POWER

0

#### 11 AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON

0

13 PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW (11)

- 14 TYPE OF REPORTING PERSON
  - CO

CUSIP No. SC 13D 282225C103

Page 6 of 11

1 NAME OF REPORTING PERSON S.S. OR I.R.S. IDENTIFICATION NOS. OF ABOVE PERSON

FW Investors V, L.P.

2	CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP	(a) o
		(b) x

- 3 SEC USE ONLY
- 4 SOURCE OF FUNDS

00

5 CHECK BOX IF DISCLOSURE OF LEGAL PROCEEDINGS IS REQUIRED PURSUANT o TO ITEMS 2(d) or 2(e)

#### 6 CITIZENSHIP OR PLACE OF ORGANIZATION

Delaware

7 SOLE VOTING POWER

NUMBER OF		0
SHARES	8	SHARED VOTING POWER
BENEFICIALLY	0	SIMILED VOTING FOWER
OWNED BY		0
EACH	_	
REPORTING	9	SOLE DISPOSITIVE POWER
PERSON		
WITH		0
	10	SHARED DISPOSITIVE POWER

0

# 11 AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON

0

- 14 TYPE OF REPORTING PERSON
  - PN

CUSIP No. SC 13D 282225C103

1 NAME OF REPORTING PERSON S.S. OR I.R.S. IDENTIFICATION NOS. OF ABOVE PERSON

FW Management II, LLC

2	CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP	(a) o
		(b) x

- 3 SEC USE ONLY
- 4 SOURCE OF FUNDS

Not applicable

5 CHECK BOX IF DISCLOSURE OF LEGAL PROCEEDINGS IS REQUIRED PURSUANT o TO ITEMS 2(d) or 2(e)

#### 6 CITIZENSHIP OR PLACE OF ORGANIZATION

Delaware

7 SOLE VOTING POWER

NUMBER OF		0
SHARES	8	SHARED VOTING POWER
BENEFICIALLY	0	
OWNED BY		0
EACH	9	SOLE DISPOSITIVE POWER
REPORTING		
PERSON		
WITH		0
	10	SHARED DISPOSITIVE POWER

0

# 11 AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON

0

0%

14 TYPE OF REPORTING PERSON

00