FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP	$\  \Gamma \ $

OMB APP	ROVAL							
OMB Number:	3235-0287							
Estimated average burden								
hours por rosponso.	0.5							

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

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

Name and Address of Reporting Person*     Quinn Sean Edward															5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director  X Officer (give title X Other (specify below)  EVP, Chief Financial Officer / Member of the Management Board					
	ost) (First) (Middle) O CIMPRESS 5 WYMAN STREET					3. Date of Earliest Transaction (Month/Day/Year) 08/15/2018														
(Street) WALTH			02451					it, Date	of Origir	nal File	d (Month/Da	6. Individual or Joint/Group Filing (Check Applicable Line)     X Form filed by One Reporting Person     Form filed by More than One Reporting Person								
(City)	(S		(Zip)		<u> </u>									<u> </u>						
Table I - Non-Deriv  1. Title of Security (Instr. 3)  2. Transa Date (Month/D				action	ction 2/ Exay/Year) if		2A. Deemed Execution Date, if any (Month/Day/Year)		saction (Instr.	4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4			A) or	5. Amou Securitie Benefici Owned I	nt of es ally -ollowing	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership		
									Code	v	Amount	(A) (D)	or	Price	Reporte Transac (Instr. 3	tion(s)			(Instr. 4)	
Ordinary	Shares			08/15/2018		3			М		100(1)	1	A	\$ <mark>0</mark>	1	100		D D		
Ordinary Shares				08/15/2018		3			М		280(1)		1	\$ <mark>0</mark>	3	380		D		
Ordinary Shares				08/15/2018		3			M		111(1)		1	\$ <mark>0</mark>	4	491		D		
Ordinary Shares			08/15	5/2018				F		146	1	) :	\$140.8	3	345		D			
		٦	Γable II -								osed of				Owned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deem Execution if any (Month/Da	ed n Date,	4. Transaction Code (Instr 8)		5. Number of		6. Date Exercisa Expiration Date (Month/Day/Yea		able and	7. Title and Amount of Securities Underlying Derivative Se (Instr. 3 and 4		ecurity	8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securities Beneficial Owned Following Reported Transactic (Instr. 4)	e es ally g	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisa		Expiration Date	Title	O N O	umber						
Restricted Share Units (right to acquire)	\$0.0 <sup>(1)</sup>	08/15/2018			М			100	08/15/20	)15 <sup>(2)</sup>	08/15/2018	Ordina Share	ry s	100	\$0	0		D		
Restricted Share Units (right to acquire)	\$0.0 <sup>(1)</sup>	08/15/2018			М			280	11/15/20	15 <sup>(2)</sup>	11/15/2018	Ordina Share		280	\$0	280		D		
Restricted Share Units	\$0.0 <sup>(1)</sup>	08/15/2018			M			111	08/15/20	16 <sup>(2)</sup>	08/15/2019	Ordina	ry	111	\$0	443		D		

## **Explanation of Responses:**

- 1. The shares acquired represent the number of shares that automatically vested pursuant to a grant of restricted share units (RSUs). Each RSU represents Cimpress' commitment to issue one ordinary share.
- 2. These RSUs vest over a four year period: 25% of the original number of shares vest on the Exercisable Date show in Table II and 6.25% vest per quarter thereafter.

## Remarks:

(right to acquire)

> /s/Kathryn L. Leach, as attorney-in-fact for Sean E. Quinn

Shares

08/16/2018

\*\* Signature of Reporting Person

Date

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

- \* 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.