FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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: 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* Schowtka Alexander K						2. Issuer Name and Ticker or Trading Symbol VISTAPRINT LTD [VPRT]								5. Relationship of Report (Check all applicable) Director			10% Owne		vner
(Last) (First) (Middle) C/O VISTAPRINT USA, INCORPORATED 100 HAYDEN AVE						3. Date of Earliest Transaction (Month/Day/Year) 12/01/2006								X Officer (give title Other (specify below) Executive VP and COO					
(Street) LEXINGTON MA 02421				_ 4.	4. If Amendment, Date of Original Filed (Month/Day/Year)									Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City) (State) (Zip)																			
		Tab	ole I - No	on-Deri	ivativ	_			quired	d, Di	sposed o			lly (Owned				
1. Title of Security (Instr. 3) 2. Transac Date (Month/Da					Ex r) if a	2A. Deemed Execution Date, if any (Month/Day/Year)			ction Instr.	4. Securities Acquired (A) of Disposed Of (D) (Instr. 3, 4			and 5) Securiti Benefici Owned		es ally Following	Form (D) o	: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership	
									Code	v	Amount	(A) or (D)	Price		Reported Transact (Instr. 3	tion(s)			(Instr. 4)
Common Shares 12/01/					/2006	2006			M ⁽¹⁾		26,667	A	\$1.2	.23 4		,641		D	
Common Shares 12/01/2					/2006	2006			S ⁽²⁾		7,200	D	\$32.3	19 38,		,441		D	
Common Shares 12/01/.					/2006				S		5,000	D	\$32.	25	33,	,441		D	
Common Shares 12/01/2					/2006				S		300	D	\$32.0	.66 33,141		,141	D		
Common Shares 12/01/2					/2006				S		6,667	D	\$32.	32.76 26,4		,474		D	
Common Shares 12/01/2					/2006				S		7,500	D	\$32.	35	18,974		D		
		-	Table II								posed of, converti				wned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deen Executio if any (Month/D	n Date,	Date, Transact Code (In:				6. Date Expirat (Month	ion Da		7. Title an of Securit Underlyin Derivative (Instr. 3 a	ties ig e Security	Do	Price of erivative ecurity nstr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	s Silly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	de V	(A)	(D)	Date Exercisa	able	Expiration Date	Title	Amoun or Numbe of Shares	per					
Share Option (Right to	\$1.23	12/01/2006			M ⁽¹⁾	26,667 09/2		09/25/2	2004	09/25/2010	Common Shares	26,66	7	\$0	13,29	7	D		

Explanation of Responses:

- 1. The exercise of options and the sale of common shares reported on this Form 4 were effected pursuant to a Rule 10b5-1 trading program adopted by the reporting person on March 10, 2006.
- 2. Separate sale transactions that were executed on 12/1/06 at the same price have been reported on an aggregate basis on a single line in Table I. The order in which sale transactions are set forth in Table I is not necessarily reflective of the sequence in which the sale transactions occurred in fact.

/s/ Lawrence A. Gold as

Attorney in Fact for Alexander 12/05/2006

K. Schowtka

** 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.