FORM 4

obligations may continue. See Instruction 1(b).

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D.C. | 20549 |
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| | | |

| Check this box if no longer subject to Section 16. Form 4 or Form 5 | STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP |
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| -blinetiana manifesta Car | |

| OMB APPROVAL | | | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|--|--|
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| 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

| Name and Address of Reporting Person* Quinn Sean Edward | | | | | 2. Issuer Name and Ticker or Trading Symbol CIMPRESS N.V. [CMPR] | | | | | | | | (Check | all app Direc | olicable) | | Ssuer Owner (specify | | |
|---|---|--|---|-----------------|--|---|--------|---|------------------|---|-----------------------|---|--|---|---|---|---|--|--|
| | Last) (First) (Middle) C/O CIMPRESS 275 WYMAN STREET | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 02/28/2018 | | | | | | | | X | belov | w) `` | belov | below) ancial Officer | |
| (Street) WALTHA | | |)2451 Zip) | | _ 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Indiv Line) X | -/ | | | | |
| | | Tabl | e I - N | on-Deri | vative | Sec | uritie | s Ac | quire | d, Di | sposed o | f, or B | enefic | ially | Owne | ed | | | |
| 1. Title of Security (Instr. 3) 2. Transacti Date (Month/Day | | | | Execution Date, | | 3. Transaction Code (Instr. 8) | | | | | nd 5) Secur Benef | | icially d Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | | |
| | | | | | | | | | Code | v | Amount | (A) or (D) | Price | | Trans | action(s) 3 and 4) | | (111311.4) | |
| Ordinary Shares 02/28 | | | | 02/28/ | 2018 | 018 | | S ⁽¹⁾ | | 200 | D | \$163. | 163.15 ⁽²⁾ | | 566 | D | | | |
| Ordinary | Shares | | | 02/28/ | 2018 | | | | S ⁽¹⁾ | | 566 | D | D \$164.29 ⁽³⁾ 0 D | | | | | | |
| | | Та | ble II | | | | | | | | osed of, convertib | | | | vned | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | | | ransaction Code (Instr. | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exercisa Expiration Date (Month/Day/Yea | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) | | Deri Secu (Inst | vative (urity S | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4) | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | Code | v | (A) | (D) | Date Exerci: | sable | Expiration Date | Title | Amount or Number of Shares | | | | | | |

Explanation of Responses:

- 1. The transactions reported on this Form 4 were effected pursuant to a 10b5-1 trading plan adopted by the reporting person on December 12, 2017.
- 2. The price range for sales of these shares was between \$163.01 and \$163.29 per share. Upon appropriate request, the reporting person will provide full information regarding the number of shares sold at each separate price.
- 3. The price range for sales of these shares was between \$164.14 and \$164.69 per share. Upon appropriate request, the reporting person will provide full information regarding the number of shares sold at each separate price.

Remarks:

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

03/01/2018

Quinn

** 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.