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(h)

1. Name and Address of Reporting Person*

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPF	ROVAL							
OMB Number:	3235-0287							
Estimated average burden								
hours nor resnance.	0.5							

5. Relationship of Reporting Person(s) to Issuer (Check all applicable)

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

2. Issuer Name ${\bf and}\ {\sf Ticker}\ {\sf or}\ {\sf Trading}\ {\sf Symbol}$

CIMPRESS N.V. CMPR

TEUNISSEN ERNST					CIMPRESS N.V. [CMPR]											or (give title	X	10% O			
	(Last) (First) (Middle) C/O CIMPRESS 95 HAYDEN AVENUE						3. Date of Earliest Transaction (Month/Day/Year) 02/04/2015									Chief Financial Officer / Member of Management Board					
(Street) LEXINGTON MA 02421 (City) (State) (Zip)						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						
				n-Deriv	/ative	e Se	curit	ies A	cauire	d. Di	sr	oosed o	f. or Be	neficia	Ily Owned						
1. Title of Security (Instr. 3)			2. Transaction Date (Month/Day/Ye		on 2A. Deemed Execution Date		3. Transaction Code (Instr.			4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4			5. Amou Securiti Benefici Owned	int of es ially Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership				
									Cod	e V		Amount	(A) or (D)	Price	Reporte Transac (Instr. 3	ion(s)			(Instr. 4)		
Ordinary Shares				02/04	4/2015	5		M			1,451 ⁽¹⁾ A		\$0.00)(1) 23	23,651		D				
Ordinary Shares				02/04/2015		5			F			624	D	\$79.	52 23	23,027		D			
Ordinary Shares				02/05/2015		5			M			1,041(1) A	\$0.00)(1) 24	,068		D			
Ordinary	Ordinary Shares			02/05/2015		5			F			449	D	\$80.	.6 23	,619	D				
		7	Гable II -									sed of, onvertib			y 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	Date,	4. Transactio Code (Instr 8)				Expirat	6. Date Exercisa Expiration Date (Month/Day/Yea			7. Title an Amount of Securities Underlyin Derivative (Instr. 3 a	of s og e Security	8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securities Beneficia Owned Following Reported Transacti (Instr. 4)	e s Illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Date Exercis	able		Expiration Date	Title	Amount or Number of Shares	1						
Restricted Share Units (right to acquire)	\$0.00 ⁽²⁾	02/04/2015			M			1,451	05/04/2	013 ⁽³⁾	0	5/04/2016	Ordinary Shares	1,451	\$0.00	7,253	3	D			
Restricted Share Units (right to	\$0.00 ⁽²⁾	02/05/2015			М			1,041	05/05/2	012 ⁽³⁾	0	5/05/2015	Ordinary Shares	1,041	\$0.00	1,042	2	D			

Explanation of Responses:

- 1. The shares acquired represent the number of shares that automatically vested pursuant to Restricted Share Units held by the reporting person. Each Restricted Share Unit represents Vistaprint's commitment to issue one ordinary share
- 2. Each restricted share unit represents Vistaprint's commitment to issue one ordinary share.
- 3. These Restricted Share Units vest over a four-year period: 25% of the original number of shares vest on the Exercisable Date shown in Table II, and 6.25% vest per quarter thereafter.

Remarks:

acquire)

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

02/06/2015

<u>Teunissen</u>

** 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.