#### FORM 4

### 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
obligations may continue. See
Instruction 1(b).

1. Name and Address of Reporting Person

#### STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
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  ${\bf and}\ {\sf Ticker}\ {\sf or}\ {\sf Trading}\ {\sf Symbol}$ 

Nelson Donald R					CIMPRESS N.V. [ CMPR ]									(Check all applicable) Director					
(Last) C/O CIM 95 HAY	,	•	(Middle)		3. Date of Earliest Transaction (Month/Day/Year) 02/04/2015								Chief Operating Officer / Member of Management Board						
(Street) LEXINO			02421		4. 1	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					
(City)	(Si		(Zip)	- D	4:			: 0	1	D:-		f D.							
1. Title of Security (Instr. 3) 2. T			2. Trans	saction n/Day/Year)		2A. Deemed Execution Date,		3. Transa Code (l	3. 4. Transaction Dis		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5)		5. Amou Securiti Benefici Owned I	nt of es ally -ollowing	Form (D) o	wnership n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership		
						Code	v	Amount	Amount (A) or (D) Pri		Transac	Reported Transaction(s) (Instr. 3 and 4)			(Instr. 4)				
Ordinary Shares		02/0	4/2015				М		1,243	43 <sup>(1)</sup> A §		)(1) 32	32,857		D				
Ordinary Shares		02/0	/04/2015				F		403	D	\$79.	52 32	32,454		D				
Ordinary Shares		02/0	2/05/2015				М		833(1)	A	\$0.0	)(1) 33	33,287		D				
Ordinary Shares			02/0	5/2015				F		271	D	\$80	.6 33	33,016		D			
		7	Гable II -						quired, D s, optior					y Owned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	ise (Month/Day/Year) /e	3A. Deem Execution if any (Month/Da	Date,	4. Transaction Code (Instr 8)		n of		Expiration	6. Date Exercisa Expiration Date (Month/Day/Yea		7. Title ar Amount of Securities Underlyin Derivative (Instr. 3 a	of s ng e Security	8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securities Beneficia Owned Following Reported Transacti (Instr. 4)	Owne Form Direct or Ind (I) (In:	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisabl		Expiration Date	Title	Amount or Number of Shares	1					
Restricted Share Units (right to acquire)	\$0.00 <sup>(2)</sup>	02/04/2015			М			1,243	05/04/2013	3(3)	05/04/2016	Ordinary Shares	1,243	\$0.00	6,217	7	D		
Restricted Share Units	\$0.00 <sup>(2)</sup>	02/05/2015			M			833	05/05/2012	(3)	05/05/2015	Ordinary Shares	833	\$0.00	833		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 Cimpress' commitment to issue one ordinary share
- 2. Each restricted share unit represents Cimpress' 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 Donald

02/06/2015

**Nelson** 

\*\* 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.