FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

	OMB APPROVAL									
	OMB Number:	3235-0287								
	Estimated average burden									
- 1	hours per response.	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

1. Name and Address of Reporting Person* Wensveen Maarten					2. I: <u>CI</u>	2. Issuer Name and Ticker or Trading Symbol CIMPRESS plc [CMPR]									(Che	ck all applic	cable) r	g Pers	son(s) to Iss	/ner		
(Last)	(Last) (First) (Middle) CIMPRESS PLC, FIRST FLOOR BUILDING 3						3. Date of Earliest Transaction (Month/Day/Year) 07/01/2024										Officer (give title below) EVP & Chief Technology Offi					
FINNABAIR BUSINESS & TECHNOLOGY PARK						4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)							
(Street) DUNDALK,					-											Form filed by One Reporting Person Form filed by More than One Reporting Person						
COUNTY LOUTH, IRELAND					Rı	Rule 10b5-1(c) Transaction Indication																
						Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.																
(City) (State) (Zip)							.,															
		Tab	le I - Noi	n-Deriv	vative	e Se	curit	ies A	cqu	ired, [)is	osed o	f, or Be	nefi	cially	Owned						
1. Title of Security (Instr. 3) 2. Transat Date (Month/Date)					ar) l	A. Deemed Execution Date, f any Month/Day/Year)		•,	Transaction Disposed Of Code (Instr. 5)			ies Acquired (A) or Of (D) (Instr. 3, 4 an			5. Amount Securities Beneficial Owned For Reported	es Fo ally (D) Following (I)		r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
										Code	/	Amount	(A) or (D)	Pri	се	Transact (Instr. 3 a	ion(s)			illisti. 4)		
Ordinary Shares 07/01/						024				M		3,323	A	,	50 ⁽¹⁾	15,	15,341		D			
Ordinary Shares 07/01			1/2024	/2024				F		1,109	D \$87		37.61	61 14,232			D					
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																						
1. Title of Derivative Security (Instr. 3)	Title of 2. 3. Transaction Date Execution Date, or Exercise (Month/Day/Year)				4. Transaction Code (Instr. 8)		n of		Exp	6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)			8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Date Exe	e ercisable		Expiration Date	Title	Amo or Num of Sha	ber							
Restricted Share Units (right to acquire)	\$0 ⁽¹⁾	07/01/2024			М			3,323	07/0	01/2021 ⁽²) (7/01/2024	Ordinary Shares	3,3	23	\$0	0		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 Date Exercisable in Table II and 25% vest per year thereafter.

Remarks:

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

07/02/2024

Wensveen

** 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.