FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Check this box if no longer subject to	STATEM
Section 16. Form 4 or Form 5	
obligations may continue. See	
Instruction 1(b).	F

ENT 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* BLAKE KATRYN (Last) (First) (Middle)							Issuer Name and Ticker or Trading Symbol CIMPRESS N.V. [CMPR] 3. Date of Earliest Transaction (Month/Day/Year)								ck all app Direct Office below	etor er (give title w)	X C	0% C other elow)	Owner (specify	
C/O CIMPRESS 275 WYMAN STREET						02/08/2016									Pres, Vistaprint Business Unit / Member of Management Board					
(Street) WALTHA			4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Inc Line)	Forn Forn	or Joint/Group Filing (Check Applicable orm filed by One Reporting Person orm filed by More than One Reporting erson						
(City) (State) (Zip) Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																				
1. Title of Security (Instr. 3) 2. Transa Date (Month/D					tion 2A. Deemed Execution Date		Date,	3. Transaction Code (Instr.		4. Securities Acquired (A) of				5. Amount of		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)		
							Code	v	Amount	(A) (D)	Pri	ce	Trans	action(s) 3 and 4)			(1130.4)			
Ordinary	02/08/	2016				S ⁽¹⁾		500	D	\$7	'5.96 ⁽²)]	4,557	D						
Ordinary Shares 02/08/2						016			S ⁽¹⁾		800	D	\$7	6.99 ⁽³) 1	13,757				
Ordinary Shares 02/08/2						2016			S ⁽¹⁾	671		D	\$	\$77.8(4)		⁴⁾ 13,086				
	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)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Dee Executii if any (Month/		4. Transa Code (8)		5. Nu of Deriv Secul Acqu (A) or Dispo of (D) (Instr and 5	ative rities ired osed	6. Date Exercisable and Expiration Date (Month/Day/Year) Date Exercisable Expiration Date			7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) Amour or Numbe of Title Shares		De Se (In	Price of rivative curity str. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Owner Form: Direct or Indi (I) (Ins	(D) rect	11. Nature of Indirect Beneficial Ownership (Instr. 4)	

Explanation of Responses:

- $1.\ These\ transactions\ were\ effected\ pursuant\ to\ a\ 10b5-1\ trading\ plan\ adopted\ by\ the\ reporting\ person\ on\ February\ 13,\ 2015.$
- 2. The price range for sales of these shares was between \$75.61 and \$76.30 per share. Upon appropriate request, the reporting person will provide full information regarding the number of shares sold at each
- 3. The price range for sales of these shares was between \$76.44 and \$77.26 per share. Upon appropriate request, the reporting person will provide full information regarding the number of shares sold at each separate price.
- 4. The price range for sales of these shares was between \$77.44 and \$78.20 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 Katryn

02/09/2016

Blake

** 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.