FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

ATEMENT 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

Name and Address of Reporting Person* Sternberg Zachary					2. Issuer Name and Ticker or Trading Symbol CIMPRESS N.V. [CMPR]									(Che	elationship o eck all applic	able)	g Pers	on(s) to Iss	
(Last) (First) (Middle) C/O SPRUCE HOUSE CAPITAL LLC				3. Date of Earliest Transaction (Month/Day/Year) 11/15/2019										Officer below)	(give title		Other (s below)	pecify	
435 HUDSON STREET, 8TH FLOOR					4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street) NEW YOL	RK NY	. 1	0014) inc.	Form fi	led by More		orting Person	- 1
(City)	(Sta	ite) (Z	Zip)																
		Table	e I - Nor	-Deriv	ative	Sec	urities	Ac	quired,	Dis	posed o	f, or E	ene	eficially	y Owned				
1. Title of Security (Instr. 3) 2. Transa Date (Month/D				Day/Year) if		2A. Deemed Execution Date, if any (Month/Day/Year)		Transaction Disposed Code (Instr. 5)			ties Acquired (A) I Of (D) (Instr. 3, 4			5. Amour Securitie Beneficia Owned F Reported	s Illy ollowing	Form	: Direct Indirect str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
								Code	v	Amount	nt (A) or (D)		Price	Transact (Instr. 3 a	ction(s)			insu. 4)	
	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. Deem Execution if any (Month/Da	Date, Transac Code (I					6. Date E Expiratio (Month/E	on Dat	Amount of			8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	i illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership t (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisa		Expiration Date	Title	C	Amount or Number of Shares					
Performance Share Units	\$111.7 ⁽¹⁾	11/15/2019			A		1,119		(2)		11/21/2029	Ordina		1,119	\$0	1,119		D	

Explanation of Responses:

1. This dollar amount is the three-year moving average of the daily closing share price of Cimpress' ordinary shares (3YMA) on the date of grant, which is the baseline against which the compound annual growth rate (CAGR) of the 3YMA will be measured.

2. Each of these performance share units (PSU) represents a right to receive between 0 and 2.5 Cimpress ordinary shares upon the satisfaction of both (A) service-based vesting and (B) performance conditions 2. Each of the 3YMA. The service-based vesting and (15) performance Continues to be an eligible participant under Cimpress' 2016 Performance Incentive Plan on such vesting date. If the 3YMA CAGR equals or exceeds 11% on any of the sixth through 2023 so long as the reporting person continues to be an eligible participant under Cimpress' 2016 Performance Incentive Plan on such vesting date. If the 3YMA CAGR equals or exceeds 11% on any of the sixth through tenth anniversaries of the grant date, then the reporting person is entitled to receive a distribution of up to 2.5 Cimpress ordinary shares for each vested PSU on a sliding scale based on the actual CAGR performance.

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

Sternberg

11/19/2019

** 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.