FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

| OMB APPROVAL | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|
| OMB Number: | 3235-0104 | | | | | | |
| 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* Arends Cornelius David 2. Date of Event Requiring Statement (Month/Day/Year) 09/14/2016 | | | | nent | 3. Issuer Name and Ticker or Trading Symbol CIMPRESS N.V. [CMPR] | | | | | | | |
|------------------------------------------------------------------------------------------------------------------------------------|------------------------|----------------------------------------------------------------|---------------------|---------------------------------------------------------------|----------------------------------------------------------------------------|------------------------------------------------------------|----------------------------------------|---------------------------------------------------------------------|----------------------------------------------------------|-------------------------------------------------------------|----------------------------------------------------------------------------|--|
| (Last) C/O CIMPRE | (First) SS, 275 WYM | (Middle) | | | | tionship of Reporting Perso all applicable) Director | 10% Owne | er | 5. If Amendment, Date of Original Filed (Month/Day/Year) | | | |
| (Street) WALTHAM (City) | MA (State) | 02451 (Zip) | | | X | Officer (give title below) EVP, Pres Upload & | Other (spe below) Print Bus. | cify | | cable Line) Form filed by | /Group Filing (Check y One Reporting Person y More than One erson | |
| Table I - Non-Derivative Securities Beneficially Owned | | | | | | | | | | | | |
| 1. Title of Security (Instr. 4) | | | | | | nt of Securities ally Owned (Instr. 4) | Form: Direct | 3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5) (Instr. 5) | | Beneficial Ownership | | |
| Ordinary Shares | | | | | | 7,260 | I | | By Limited Company ⁽¹⁾ | | | |
| Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | |
| Exp | | 2. Date Exercisable and Expiration Date (Month/Day/Year) | | 3. Title and Amount of Securi Underlying Derivative Securi | | | 4. Conve or Exe | rcise | 5. Ownership Form: | 6. Nature of Indirect Beneficial Ownership (Instr. 5) | | |
| | | | Date Exercisable | Expiration Date | n Title | | Amount or Number of Shares | Price of Derivation Securi | tive | Direct (D) or Indirect (I) (Instr. 5) | | |

Explanation of Responses:

1. The reporting person is a managing director and sole shareholder.

Remarks:

/s/Kathryn L. Leach, as attorney-in-fact for Cornelius 09/22/2016 David Arends

** 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 5 (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.