FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Vashington,	D.C.	20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

	OMB APPROVAL									
- 1										
	OMB Number:	3235-0287								
	Estimated average b	urden								
	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)

					Oi	OCCI	1011 00(11) 01 111	CIII	vestilien	1 001	ripariy Act	01 13	+0						
1. Name and Address of Reporting Person* Quinn Sean Edward					2. Issuer Name and Ticker or Trading Symbol CIMPRESS plc [CMPR]											elationship o eck all applio Directo	cable)	g Person(s) to Is		
(Last)	•	,	(Middle)	7.3	3. Date of Earliest Transaction (Month/Day/Year) 05/15/2024 X Officer (give title below) EVP, Chief Financial Officer												. ,			
CIMPRESS PLC, FIRST FLOOR BUILDING 3 FINNABAIR BUSINESS & TECHNOLOGY PARK					4. If Amendment, Date of Original Filed (Month/Day/Year)									Line	6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street) DUNDA COUNT																	led by Mor		orting Perso	
LOUTH	,				Ru	Che	ck this I	box to in	dicat	te that a t	ransa		ade p	oursuant		act, instructio	n or written	plan th	nat is intende	d to
(City)	(S	tate)	(Zip)			satis	sty the a	affirmativ	e de	tense cor	nditio	ns of Rule 10	UD5-1	(c). See	Instructio	n 10.				
		Tab	le I - No	n-Deriv	ative	e Se	curit	ies A	cqı	uired,	Dis	posed o	f, or	r Ben	eficial	y Owned	l			
1. Title of Security (Instr. 3) 2. Transac Date (Month/Date)					ar) i	Execut	A. Deemed xecution Date, any fonth/Day/Year)		Transaction Dispo		Disposed	Securities Acquired (A) sposed Of (D) (Instr. 3, 4			5. Amou Securitie Beneficia Owned F Reported	es ally Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership	
										Code	٧	Amount		(A) or (D)	Price	Transact (Instr. 3	tion(s)			(Instr. 4)
Ordinary Shares 05/15/					/2024			M		2,300(1	A \$0		10,300			D				
Ordinary	Shares			05/15/	/2024 F 1,113 D \$		\$85.0	7 9,187			D									
		٦	Table II -	Derivat (e.g., p	tive : uts,	Sec call	uritie s, wa	es Acc arrant	qui	red, Doption	ispo	osed of, onvertib	or E	Benet secur	icially	Owned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deeme Execution if any (Month/Da	Date, T	ransa Code (I		ı of i		Ex	6. Date Exercisable an Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Se (Instr. 3 and			8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	e s Illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownershi (Instr. 4)
					Code	v	(A)	(D)	Da:	te ercisable		Expiration Date	Title		Amount or Number of Shares					
Restricted Share Units	\$0 ⁽¹⁾	05/15/2024			M			2.300	08/	/15/2023 ⁽	(2)	08/15/2026	Ordi	inary	2,300	\$0	20,69	7	D	

Explanation of Responses:

1. The shares acquired represent the number of shares that automatically vested pursuant to an award of restricted share units (RSUs). Each RSU represents Cimpress' commitment to issue one ordinary share.

2,300 08/15/2023⁽²⁾ 08/15/2026

2. These RSUs 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 at the end of each successive three-month period thereafter.

Remarks:

(right to acquire)

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

Shares

05/15/2024

Quinn

** 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.