FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

OMB APPROVAL									
OMB Number:	3235-0287								
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0.5

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

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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*  VASSALLUZZO SCOTT J					2. Issuer Name and Ticker or Trading Symbol CIMPRESS N.V. [ CMPR ]						(Ch	Relationship of Reporting Person(s) to Issuer (Check all applicable)     X Director X 10% Owner				
(Last) (First) (Middle) C/O PRESCOTT INVESTORS, INC. 2200 BUTTS ROAD, SUITE 320					3. Date of Earliest Transaction (Month/Day/Year) 11/15/2017						Officer (give title X Other (specify below)  Member of Section 13(d) Group					
(Street) BOCA RATON FL 33431 (City) (State) (Zip)				4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)					Line	Individual or Joint/Group Filing (Check Applicable le)  X Form filed by One Reporting Person Form filed by More than One Reporting Person					
1. Title of Security (Instr. 3) 2. Transar Date					Execution Date,		3. Transactio Code (Inst	4. Securit	f, or Ber ies Acquire Of (D) (Inst	d (A) or	5. Amour Securitie Beneficia Owned F Reported Transact	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)		7. Nature of ndirect Seneficial Ownership Instr. 4)		
		Ta	able II - Deriv (e.g.,					uired, Disp , options,				Owned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year	Code	4. Transaction Code (Instr. 8)		nber tive ties red sed	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Securit (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares					
Performance Share Units	\$87.12 <sup>(1)</sup>	11/15/2017		A		1,291		(2)	11/15/2027	Ordinary Shares	1,291	\$0.00	1,291	D		

## **Explanation of Responses:**

1. This dollar amount is the three-year moving average daily price per share 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 performance share unit (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 relating to 2. Each performance sinate with the CAGR of the 3YMA. The service-based vesting condition is that 25% of the original number of PSUs vest on each November 13 of 2018 through 2021 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.

## Remarks:

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

11/17/2017

salluzzo

\*\* 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.