FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

l	OMB APPRO	VAL					
	OMB Number:	3235-0287					
l	Estimated average burd	en					
l	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).

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*  DILLEY DICHARD T							2. Issuer Name and Ticker or Trading Symbol CIMPRESS N.V. [ CMPR ]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
RILEY RICHARD T							CHAIR TALLOO 14, 4, [ CHAIR ]									Direc	ctor	10	% Ov	wner		
,					-											Office	er (give title	X O	her (s	specify		
(Last) (First) (Middle)							3. Date of Earliest Transaction (Month/Day/Year)									belov			low)	. ,		
C/O CIMPRESS							03/05/2015								Chairman of Supervisory Board							
95 HAYDEN AVENUE																						
						4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable							
(Street)						II / inchamoni, bate of Original Filed (Month/bay/Teal)									Line)							
LEXINGTON MA 02421														X Form filed by One Reporting Person					n			
				.											Form Pers	n filed by Mor	e than One	Repo	orting			
(City)	(5	itate) (	Zip)													Pers	UII					
		Tabl	e I - Noi	n-Deriv	ative	Se	curitie	s Acq	uired,	Dis	posed o	f, o	r Ben	eficia	ally (	Owne	ed					
1. Title of Security (Instr. 3) 2. Transac									3.									6. Ownership Form: Direct		7. Nature		
				Date (Month/I	Day/Yea	Execution Date, ly/Year) if any			Transaction Disposed Of (D) (Instr. 3, Code (Instr. 5)			. 3, 4 aı	Bene		cially	(D) or Indir	ect	of Indirect Beneficial				
					(Month/Day/Yea			ay/Year)	8)				Owned Foli			(I) (Instr. 4)		Ownership (Instr. 4)				
						Code	v	Amount		(A) or (D)	Price		Transaction(s) (Instr. 3 and 4)				. ,					
Ordinary Shares 03/05/									S		4,800		D	D \$84.6 <sup>(</sup>		6 <sup>(1)</sup> 42,593		D				
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned																					
											onvertib				,							
1. Title of Derivative	2. Conversion	3. Transaction Date	3A. Deem Execution		4. Transa				6. Date Exercisa Expiration Date			7. Title and Amount of				rice of 9. Number derivative		of 10. Ownership	hip	11. Nature of Indirect		
Security (Instr. 3)	or Exercise Price of	(Month/Day/Year)	if any (Month/Day		Code ( 8)	Code (Instr. 8)		r. Derivative ( Securities		(Month/Day/Year)			Securities Underlying		Security (Instr. 5)		Securities Beneficially	Form: Direct (		Beneficial Ownership		
(	Derivative Security			.,,,	٠,	,		Acquired		Deri					1		Owned	or Indir	ct	(Instr. 4)		
							(A) or Disposed of (D) (Instr. 3, 4 and 5)						Security (Instr. 3 and 4)				Following Reported Transaction(s) (Instr. 4)	(I) (Inst	. 4)			
												,						(s)				
																(111511. 4)						
			Ī									Am	ount									
												or	mber									
								Date		Expiration	<b> </b>	of										
			l		Code	V	(A)	(D)	Exercisa	ble   I	Date	Title	e  Sha	ares								

## **Explanation of Responses:**

1. The price range for sales of these shares was between \$84.50 and \$84.90 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 Richard T. 03/06/2015 Riley

\*\* Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- $^{\star}$  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.