FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

1	OMB APPRO	VAL							
	OMB Number:	3235-0287							
	Estimated average burden								
1	hours por rosponso:	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

1. Name and Address of Reporting Person* GYENES PETER						2. Issuer Name and Ticker or Trading Symbol CIMPRESS N.V. [CMPR]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner					
(Last)	IPRESS	,	(Middle)			Date o		iest Trans	saction (Month	/Day/Year)			_	(give title			pecify		
95 HAYDEN AVENUE					4.	If Ame	ndme	nt, Date o	of Origin	al File	d (Month/Day	Line	6. Individual or Joint/Group Filing (Check Applicable Line)							
(Street)	TON M	Ā	02421											X Form filed by One Reporting Person Form filed by More than One Reporting Person						
(City)	(S		(Zip)																	
		Tak	ole I - N	on-Der	ivativ	e Se	curi	ties Ac	quire	d, Di	sposed o	f, or Be	neficiall	y Owned						
Date			2. Transa Date (Month/E		2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 a			Beneficially Owned Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership				
									Code	v	Amount	(A) or (D)	Price	Reported Transaction (Instr. 3 au				str. 4)		
Ordinary Shares 02/1			02/13	/2015	015			M		10,000	A	\$24.33	13,8	334	D					
Ordinary Shares 02/13.			/2015	2015					8,500	D	\$84.63(1	5,334		D						
Ordinary	inary Shares 02/13/2			/2015	015			S		1,500	D	\$85.46(2	3,834		D					
Ordinary Shares													13,3	353	I	G R Li	y Peter yenes evocable iving rust ⁽³⁾			
			Table II								oosed of,			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)		4. Transaction Code (Instr. 8)		5. Number n of			Exerci			nd of s ng e Security	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	Own Forn Dire or In (I) (II		11. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Date Exercis	able	Expiration Date	Title	Amount or Number of Shares							
Share Option (right to buy)	\$24.33	02/13/2015			М		10,000		05/05/20	009 ⁽⁴⁾	02/05/2019	Ordinary Shares	10,000	00 \$0.00 7,3)	D			

Explanation of Responses:

- 1. The price range for sales of these shares was between \$84.27 and \$85.15 per share. Upon appropriate request, the reporting person will provide full information regarding the number of shares sold at each separate price.
- 2. The price range for sales of these shares was between \$85.40 and \$85.47 per share. Upon appropriate request, the reporting person will provide full information regarding the number of shares sold at each separate price.
- 3. The reporting person is the sole trustee, and the reporting person's spouse is the sole beneficiary.
- 4. The options vest at a rate of 8.33% of the original number of ordinary shares each successive three-month period following the grant date until the third anniversary of the grant date.

Remarks:

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

02/17/2015

Gyenes

** 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.