#### FORM 4

# **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

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

OMB APPROVAL										
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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*  BLAKE KATRYN						2. Issuer Name and Ticker or Trading Symbol CIMPRESS N.V. [ CMPR ]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director 10% Owner  X Officer (give title X Other (specify					
	(Last) (First) (Middle) C/O CIMPRESS 95 HAYDEN AVENUE					3. Date of Earliest Transaction (Month/Day/Year) 05/04/2015									Pres, Vistaprint Business Unit / Member of Management Board					
(Street)  LEXING  (City)			02421 (Zip)		4. 11	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)     X Form filed by One Reporting Person     Form filed by More than One Reporting Person					
		Tab	le I - No	n-Deri	vative	e S	ecurit	ies A	cquired	, Dis	sposed o	of, or	Bene	ficiall	y Owned					
Date				2. Trans Date (Month/	/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		Code (Instr.				A) or , 4 and		es ally Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership		
									Code	v	Amount		A) or (	Price		orted nsaction(s) tr. 3 and 4)			(Instr. 4)	
Ordinary Shares			05/04	4/2015				М		1,944	4 <sup>(1)</sup> A \$		\$0.00	2) 17	,951		D			
Ordinary Shares			05/04	05/04/2015				F		632		D	\$84.3	3 17	17,319		D			
Ordinary Shares			05/0	05/05/2015				М		1,042	1)	Α	\$0.00 <sup>(</sup>	2) 18	3,361		D			
Ordinary Shares			05/0	05/2015				F		339		D \$86.0		6 18,022		D				
		7	Гable II -						. ,	•	osed of,			•	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	ed Date,	4. Transactior Code (Instr. 8)		5. Number of		6. Date Exercise Expiration Date (Month/Day/Yea		able and	7. Title and Amount of Securities Underlying Derivative Sec (Instr. 3 and 4)		ecurity	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	e es ally g	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisal	ole	Expiration Date	Title	or No of	umber						
Restricted Share Units (right to acquire)	\$0.00 <sup>(2)</sup>	05/04/2015			М			1,944	05/04/201	3 <sup>(3)</sup>	05/04/2016	Ordir Shar		.,944	\$0.00	7,775		D		
Restricted Share Units	\$0.00 <sup>(2)</sup>	05/05/2015			M			1,042	05/05/201	2 <sup>(3)</sup>	05/05/2015	Ordir	nary 1	.042	\$0.00	0		D		

## **Explanation of Responses:**

- 1. The shares acquired represent the number of shares that automatically vested pursuant to a grant of Restricted Share Units.
- 2. Each restricted share unit represents Cimpress' commitment to issue one ordinary share.
- 3. These restricted share units vest over a four year period: 25% of the original number of shares vest one year after the date of grant and 6.25% vest per quarter thereafter.

## Remarks:

acquire)

/s/Kathryn L. Leach, as attorney-in-fact for Katryn **Blake** 

05/06/2015

\*\* 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.