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(h)

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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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 (Last) (First) (Middle) C/O CIMPRESS						Issuer Name and Ticker or Trading Symbol CIMPRESS N.V. [CMPR] 3. Date of Earliest Transaction (Month/Day/Year) 12/04/2014									5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director The state of				
95 HAYDEN AVENUE (Street) LEXINGTON MA 02421 (City) (State) (Zip)					-	4. If Amendment, Date of Original Filed (Month/Day/Year)									Individual or Joint/Group Filing (Check Applicable ine) X Form filed by One Reporting Person Form filed by More than One Reporting Person				
Table I - Non-Deriva 1. Title of Security (Instr. 3) 2. Transa Date (Month/D.					saction	n ear)	2A. De Execu if any		3. Trans	3. Transaction Code (Instr.		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4			5. Amou Securitie Beneficia Owned F	s ally following	Form (D) o	n: Direct I r Indirect I sstr. 4) (7. Nature of Indirect Beneficial Ownership
									Code	v	Amount	(4	A) or D)	Price	Reported Transact (Instr. 3 a	ion(s)		1	Instr. 4)
Ordinary Shares 12/04/						2014			M ⁽¹⁾		20,61	20,614 A		\$50	37,	37,618		D	
Ordinary Share 12/04/						2014			M ⁽¹⁾		6,231		A \$		43,849			D	
Ordinary Shares 12/04/						2014			S ⁽¹⁾		26,84	5	D	\$70	17,004			D	
			Table II -								osed of, converti				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/Day	Date,		Transaction Code (Instr.				6. Date Exercisa Expiration Date (Month/Day/Yea		Amo Secu Unde Deriv	7. Title and Amount of Securities Underlying Derivative Securi (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securities Beneficial Owned Following Reported Transactie (Instr. 4)	e O s Fe lly D or	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercisa	able	Expiration Date	Title	OI N	umber					
Share Option (right to buy)	\$50	12/04/2014			M			20,614	05/04/20	13 ⁽²⁾	05/04/2020	Ordi Sha		0,614	\$0.00	120,86	54	D	
Share Option (right to	\$54.02	12/04/2014			M			6,231	05/05/20	12 ⁽³⁾	05/05/2021	Ordi Sha		5,231	\$0.00	2,077	7	D	

Explanation of Responses:

- $1. These \ transactions \ were \ effected \ pursuant \ to \ a \ 10b5-1 \ trading \ plan \ adopted \ by \ the \ reporting \ person \ on \ May \ 23, \ 2014.$
- 2. This share option vests over a seven-year period from the date of grant, as follows: 6.25% of the original number of ordinary shares subject to the share option vests on the first anniversary of the date of grant. The remaining ordinary shares vest on a quarterly basis over the subsequent six years in tranches ranging from 1.56% to 10.94% of the original number of ordinary shares subject to the option.
- 3. This share option vests over a four-year period: On the first anniversary of the grant date, 25% of the number of shares originally granted vest, and 6.25% of the original number of shares vest per quarter

Remarks:

/s/Kathryn I

12/05/2014

** 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.