

CAFEPRESS INC.

Reported by MILLINER PHILIP

FORM 4

(Statement of Changes in Beneficial Ownership)

Filed 09/01/17 for the Period Ending 08/29/16

Address 11909 SHELBYVILLE ROAD

LOUISVILLE, KY, 40243

Telephone 502-995-2258

CIK 0001117733

Symbol PRSS

SIC Code 5900 - Retail-Miscellaneous Retail

Industry Internet Services

Sector Technology

Fiscal Year 12/31





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

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

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 * | | | | 2.] | 2. Issuer Name and Ticker or Trading Symbol | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | |
|---|---|-------------------|--|-------------|--|---------------------------|----------------------------------|--|-----------|--------------------|-----------------------------|----------------------------------|---|---|--|-------------------------|--|
| Milliner Phi | lip | | | | | | SS INC | | | • | | | pricacio | 10 | 0/ 0 | | |
| (Last) (First) (Middle) | | | | 3. 1 | 3. Date of Earliest Transaction (MM/DD/YYYY) | | | | | | | ` | X Officer (give title below) Other (specify below) | | | | |
| 11909 SHEL | | 8/29/2016 | | | | | | | CFO | | | | | | | | |
| | (Str | reet) | | 4.] | If An | nendme | nt, Date (| Origin | al Fil | ed (MM/I | DD/YYYY | 6. Individual | or Joint/G | roup Filing | (Check App | licable Line) | |
| LOUISVILLE, KY 40243 | | | | | | | | | | | | X Form filed | X_Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| (C | City) (St | tate) (Zi | ip) | | | | | | | | | | , 171010 tiluin | one responding r | | | |
| | | | Table I - | - Non-Dei | rivati | ve Secı | ırities Ac | cquire | ed, Di | sposed | of, or B | eneficially Own | ed | | | | |
| 1. Title of Security (Instr. 3) 2. Trans. 1 | | | Trans. Date | Execu | Deemed ation if any | 3. Trans. C (Instr. 8) | Code | or Disposed of (D) | | | (Instr. 3 and 4) Form: | | | Ownership Form: | Beneficial | | |
| | | | | | | | Code | v | Amou | (A) o | r Price | | | | Direct (D) or Indirect (I) (Instr. 4) | Ownership (Instr. 4) | |
| Common Stock 8/29/201 | | | | 8/29/2016 | 6 A | | A | | 13836 | Α | \$3.06 | 13836 | | D | | | |
| Common Stock 8/29/201 | | | | 8/29/2016 | | | A | | 22000 | A | \$3.06 | 35836 | | D | | | |
| | Tal | ole II - Der | rivative S | ecurities l | Bene | ficially | Owned (| (e.g. , | puts, | calls, v | varrant | s, options, conv | ertible sec | curities) | | | |
| (Instr. 3) | Conversion or Exercise Price of Derivative | 3. Trans. Date | 3A. Deeme Execution Date, if any | (Instr. 8) | | | e Securities (A) or of (D) | 6. Date Exercisable and Expiration Date | | Securitie | s Underlying re Security | Derivative Security | 9. Number of derivative Securities Beneficially Owned | Form of Derivative Security: | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | Security | | | Code | V | (A) | (D) | Date Exerci | isable I | Expiration Date | Title | Amount or Number of Shares | | Following Reported Transaction(s) (Instr. 4) | Direct (D) or Indirect (I) (Instr. 4) | | |
| Stock Option (right to buy) | \$3.06 | 8/29/2016 | | A | | 45500 | | <u>(1</u> | <u>1)</u> | <u>(2)</u> | Commo Stock | on 45500.0 | \$3.06 | 45500 | D | | |

Explanation of Responses:

- (1) This Option becomes exercisable with respect to the first 1/4th of the Shares subject to this Option after completion of 12 months of continuous Service from the Vesting Commencement Date. Thereafter, this Option becomes exercisable with respect to an additional 1/48th of the Shares subject to this Option after completion of each additional month of such Service.
- (2) Ten years after grant date.

Reporting Owners

| Paparting Owner Name / Address | Relationships | | | | | | |
|---|---------------|-----------|---------|-------|--|--|--|
| Reporting Owner Name / Address | Director | 10% Owner | Officer | Other | | | |
| Milliner Philip 11909 SHELBYVILLE ROAD LOUISVILLE, KY 40243 | | | CFO | | | | |

Signatures

/s/Bridgett Gatewood, By power of attorney for Phillip Milliner 9/1/2017

Date

**Signature of Reporting Person

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 control number.