

CAFEPRESS INC.
Reported by
LYSONGE EKUMENE M

FORM 4/A
(Amended Statement of Changes in Beneficial Ownership)

Filed 05/16/17 for the Period Ending 03/10/17

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

FORM 4

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

OMB APPROVAL
OMB Number: 3235-0287
Estimated average burden
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).

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 * Lysonge Ekumene M <small>(Last) (First) (Middle)</small> 11909 SHELBYVILLE ROAD <small>(Street)</small> LOUISVILLE, KY 40243 <small>(City) (State) (Zip)</small>	2. Issuer Name and Ticker or Trading Symbol CAFEPRESS INC. [PRSS]	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) <input type="checkbox"/> Director <input type="checkbox"/> 10% Owner <input checked="" type="checkbox"/> X Officer (give title below) <input type="checkbox"/> Other (specify below) VP, General Counsel, Secretary
	3. Date of Earliest Transaction (MM/DD/YYYY) 3/10/2017	
	4. If Amendment, Date Original Filed (MM/DD/YYYY) 3/14/2017	6. Individual or Joint/Group Filing (Check Applicable Line) <input checked="" type="checkbox"/> Form filed by One Reporting Person <input type="checkbox"/> Form filed by More than One Reporting Person

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)	2. Trans. Date	2A. Deemed Execution Date, if any	3. Trans. Code (Instr. 8)		4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
			Code	V	Amount	(A) or (D)	Price			

Table II - Derivative Securities Beneficially Owned (e.g. , puts, calls, warrants, options, convertible securities)

1. Title of Derivate Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Trans. Date	3A. Deemed Execution Date, if any	4. Trans. Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	10. Ownership Form of Derivative Security: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				
Stock Option (right to buy)	\$3.13	3/10/2017		A		62000		(1)	3/10/2027	Common Stock	62000.0	\$3.13	62000	D	
Common Stock	\$3.13	3/10/2017		A		34000		(2)	(2)	Common Stock	34000.0	\$3.13	34000	D	

Explanation of Responses:

- (1) This option vests monthly over four years beginning on the Vesting Commencement Date, and with respect to an additional 1/48th of the Shares when the Optionee completes each full month of continuous Service thereafter.
- (2) This Form 4 amends the original Form 4 filed on March 10, 2017 to report the securities in Table I instead of Table II.

Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
Lysonge Ekumene M 11909 SHELBYVILLE ROAD LOUISVILLE, KY 40243			VP, General Counsel, Secretary	

Signatures

/s/Bridgett Gatewood, By power of attorney for Ekumene M. Lysonge

4/13/2017

**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 control number.