| Form 4 | | | | | | | | | | | | |
|---|--|---------------|-----------------------------------|---|--|--------------------------------------|---|---|--|---|--|--|
| March 03, 2016 FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION | | | | | | | | OMB | 3.7.36-0.787 | | | |
| Washington, D.C. 20549Washington, D.C. 20549Check this boxif no longersubject toSection 16.Form 4 orForm 5obligationsmay continue.Section 16(a) of the Securities Exchange Act of 193Section 17(a) of the Public Utility Holding Company Act of 1935 or Se30(h) of the Investment Company Act of 1940 | | | | | | ge Act of 1934, of 1935 or Sectio | Expires: Estimated a burden hou response | Number:January 31, 2005Expires:2005Estimated average burden hours per response0.5 | | | | |
| (Print or Type R | esponses) | | | | | | | | | | | |
| 1. Name and Address of Reporting Person *2. IssuerBlack Archie C.Symbol | | | | r Name and Ticker or Trading | | | | 5. Relationship of Reporting Person(s) to Issuer | | | | |
| | | | | bs Inc [PI | _ | | | (Check all applicable) | | | | |
| | | | | nte of Earliest Transaction nth/Day/Year) 01/2016 | | | | X Director 10% Owner Officer (give title Other (specify below) below) | | | | |
| | | | | endment, Date Original nth/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 | | | | |
| MAPLE PLA | AIN, MN 55359 | | | | | | | Person | More than One R | eporting | | |
| (City) | (State) | (Zip) | Table | e I - Non-De | erivative S | Securi | ties Ac | quired, Disposed o | of, or Beneficia | lly Owned | | |
| 1.Title of Security (Instr. 3) | 2. Transaction Dat (Month/Day/Year) | Execution any | emed on Date, if /Day/Year) | 3. Transactio Code (Instr. 8) | 4. Securi nAcquired Disposed (Instr. 3, | l (A) o l of (D |) | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| Common Stock | 03/01/2016 | | | Code V A | Amount 1,486 | | Price \$ 0 | (Instr. 3 and 4) 1,486 | D | | | |

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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.

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

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| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 4. Transacti Code (Instr. 8) | 5. 6. Date Exercisable ar onNumber Expiration Date of (Month/Day/Year) Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, | | Date | Amor Unde Secur | le and unt of rlying rities (. 3 and 4) | 8. Price of Derivative Security (Instr. 5) | 9. Nu Deriv Secu Bene Own Follo Repo Trans (Instr |
|---|---|---|---------------------------------------|--|---|--------------------|-----------------------|---|---|---|
| | | | Code V | 4, and 5 (A) (E | · | Expiration Date | Title | Amount or Number of Shares | | |

Reporting Owners

| Reporting Owner Name / Address | | | | | | | | |
|--|----------|-----------|---------|-------|--|--|--|--|
| | Director | 10% Owner | Officer | Other | | | | |
| Black Archie C. 5540 PIONEER CREEK DRIVE MAPLE PLAIN, MN 55359 | Х | | | | | | | |
| Signatures | | | | | | | | |
| /s/ Samuel A. Rosenbaum, attorney-in-fact | | 03/03/20 | 16 | | | | | |
| <u>**</u> Signature of Reporting Person | | Date | | | | | | |
| Explanation of Responses: | | | | | | | | |

-xpialialion of nesponses.

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. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.