Edgar Filing: SPS COMMERCE INC - Form 4

| SPS COMMI | ERCE INC | | | | | | | | | | | | |
|--|-------------------|------------|---|--------------------------------|------|---------------------------|---------------------------|----------------|---|-----------------------|-------------------------|--|--|
| Form 4 | | | | | | | | | | | | | |
| December 15 | , 2014 | | | | | | | | | | | | |
| FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION | | | | | | | | | - | PPROVAL | | | |
| CUNIVI 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 | | | | | | | | OMB Number: | 3235-0287 | | | | |
| Check this box if no longer | | | | | | | | Expires: | January 31, | | | | |
| subject to | | MENT C | OF CHAN | GES IN BENEFICIAL OWNERSHI | | | | | | Estimated a | 2005 average | | |
| Section 10 | Section 16. | | | | | TIES | | | burden hours per | | | | |
| Form 4 or | | | | | | | _ | | | response | 0.5 | | |
| Form 5 obligation | · · · · | | | | | | | - | e Act of 1934, | | | | |
| may conti | inue. Section 17 | |) of the Inv | • | | • | - · | | f 1935 or Sectio | n | | | |
| See Instru 1(b). | iction | 50(11 |) of the my | vestille | in C | Joinpan | y Act | 01 1 9- | +0 | | | | |
| 1(0) | | | | | | | | | | | | | |
| (Print or Type R | (esponses) | | | | | | | | | | | | |
| | | | | | | 5. Relationship of Issuer | of Reporting Person(s) to | | | | | | |
| Gorman wite | liaci D | | Symbol | | | | | , | 100001 | | | | |
| SPS | | | | MME | KCE | E INC [S | PSC | J | (Check all applicable) | | | | |
| (Last) | (First) | (Middle) | 3. Date of | | | nsaction | | | | | | | |
| | | | | h/Day/Year) | | | | | X_ Director 10% Owner Officer (give title Other (specify | | | | |
| SUITE 1000 | SEVENTH ST | KEEI | 12/15/20 |)14 | | | | | below) | below) | er (speeny | | |
| SUITE 1000 | | | | | _ | | | | | | | | |
| | | | | ndment, Date Original | | | | | 6. Individual or Joint/Group Filing(Check | | | | |
| | | | Filed(Mon | th/Day/Y | ear) | | | | Applicable Line) _X_ Form filed by (| One Reporting Pe | erson | | |
| MINNEAPO | DLIS, MN 5540 | 2 | | | | | | | | More than One Re | | | |
| (City) | (State) | (Zip) | Table | e I - Nor | 1-De | rivative S | Securi | ties Acc | quired, Disposed of | f, or Beneficial | lly Owned | | |
| 1.Title of | 2. Transaction Da | ate 2A. De | emed | 3. | | 4. Securi | ties | | 5. Amount of | 6. Ownership | 7. Nature of | | |
| Security | (Month/Day/Yea | r) Execut | Execution Date, if any (Month/Day/Year) | | | nAcquired | | | | Form: Direct | Indirect | | |
| (Instr. 3) | | | | | | Disposed | | · | Beneficially Owned | D) or Indirect (I) | Beneficial Ownership | | |
| | | (WOIIII | (Day Teal) | (Instr. 8) (Instr. 3, 4 and 5) | | | 5) | Following | | (Instr. 4) | | | |
| | | | | | | | (A) | | Reported | . , | . , | | |
| | | | | | | | or | | Transaction(s) | | | | |
| | | | | Code | V | Amount | (D) | Price | (Instr. 3 and 4) | | | | |
| Common Stock | 12/15/2014 | | | G | V | 1,000 | D | \$0 | 22,363 | 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)

| 1. Title of Derivative Security (Instr. 3) | 3. Transaction Date (Month/Day/Year) | 4. Transact Code (Instr. 8) | 5. tionNumber of) Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | | | Amou Unde Secur | le and unt of rlying rities : 3 and 4) | 8. Price of Derivative Security (Instr. 5) | 9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr |
|---|---|--------------------------------------|---|---------------------|--------------------|-----------------------|--|---|--|
| | | Code N | / (A) (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | |

Edgar Filing: SPS COMMERCE INC - Form 4

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | | | |
|--|---------------|----------|-----------|---------|-------|--|--|
| | | Director | 10% Owner | Officer | Other | | |
| Gorman Michael B 333 SOUTH SEVENTH STREET SUIT MINNEAPOLIS, MN 55402 | E 1000 | Х | | | | | |
| Signatures | | | | | | | |
| /s/ James R. DeBuse, attorney-in-fact | 12/15/2 | 014 | | | | | |
| <u>**</u> Signature of Reporting Person | Date | e | | | | | |

**Signature of Reporting Person

Explanation of Responses:

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.