FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APPROVAL							
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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* LEFF JONATHAN S 2. Date of Event Requiring Statem (Month/Day/Year) 08/02/2017				nent	3. Issuer Name and Ticker or Trading Symbol PROTEON THERAPEUTICS INC [PRTO]								
(Last) C/O PROTEC	Last) (First) (Middle) C/O PROTEON THERAPEUTICS, INC.				Relationship of Reporting Pers (Check all applicable) X Director		10% Owner		If Amendment, Date of Original Filed (Month/Day/Year) Individual or Joint/Group Filing (Check				
(Street) WALTHAM (City)	MA (State)	02451 (Zip)				Officer (give title below)	Other (sp below)	еспу		cable Line) Form filed b	y One Reporting Person y More than One		
	Table I - Non-Derivative Securities Beneficially Owned												
1. Title of Security (Instr. 4)					. Amount of Securities deneficially Owned (Instr. 4) 3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)		ect (D)	4. Nature of Indirect Beneficial Ownership (Instr. 5)					
Common Stock						0	D						
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)													
Expira			Expiration D	2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Secur Underlying Derivative Securi		or Ex		5. Ownership Form:	6. Nature of Indirect Beneficial Ownership (Instr. 5)		
			Date Exercisable	Expiration Date	n Title		Amount or Number of Shares	Price Deriva Secur	ative	Direct (D) or Indirect (I) (Instr. 5)			

Explanation of Responses:

/s/ Jonathan S Leff

08/04/2017

** Signature of Reporting Person

Date

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

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.

 $^{^{\}star}$ If the form is filed by more than one reporting person, see Instruction 5 (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).