## FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D	D.C.	20549
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPRO	OVAL
OMB Number:	3235-0287
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	OMB Number: Estimated average burd

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

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*  Burke Steven Keith  (Last) (First) (Middle)  C/O PROTEON THERAPEUTICS  200 WEST STREET  (Street)  WALTHAM MA 02451  (City) (State) (Zip)						2. Issuer Name and Ticker or Trading Symbol PROTEON THERAPEUTICS INC [ PRTO ]  3. Date of Earliest Transaction (Month/Day/Year) 12/31/2018  4. If Amendment, Date of Original Filed (Month/Day/Year)								6	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director 10% Owner  X Officer (give title Other (specify below)  SVP and Chief Medical Officer  5. Individual or Joint/Group Filing (Check Applicable Line)  X Form filed by One Reporting Person  Form filed by More than One Reporting Person					Owner (specify ) CCET
(- 9)				n-Deriv	ative	Sec	curitie	s Ac	guired.	. Dis	posed o	f. or	Ben	eficia	ally (	Owne	ed			
1. Title of Security (Instr. 3)  2. Transac Date (Month/Date)					ection	tion 2A. Deemed Execution Date,		3. Transa Code (	4. Securit		ies Acquired (A) of (D) (Instr. 3, 4		(A) or	5. Amo Securit Benefic Owned Reporte		ount of 6. Fo (D) (D) d Following (I)		wnership n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Common Stock 12/31				/2018	2018		A <sup>(1)</sup>	V	2,448	+	A	\$1.9	+	123,917			D			
Common Stock															11	,666		T I	See footnote <sup>(2)</sup>	
	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)	re Conversion or Exercise Price of Derivative Security  Date (Month/Day/Year)  Execution Date, if any (Month/Day/Year)			ransaction of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		Date Expiration Date (Month/Day/Year)  Date Expiration Date Expiration Date Date			7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)  Amour or Numbe of Title Shares		nstr. 3 nount mber	nt er		9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	y	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)			

## **Explanation of Responses:**

- 1. The shares were acquired under the Issuer's 2014 Employee Stock Purchase Plan for the plan period of July 1, 2018 through December 31, 2018 in a transaction that was exempt under both Rule 16b-3(d) and Rule 16b-3(c).
- 2. These securities involved a gift of securities by the reporting person to the Steven Edward Burke Irrevocable Trust u/a 11/15/2000 and the Timothy Andrew Burke Irrevocable Trust u/a 12/28/1998, both of which are irrevocable trusts established by the reporting person for the benefit of his sons who are deemed to share the reporting person's household. The reporting person disclaims beneficial ownership of the shares held by his sons, and this report should not be deemed an admission that the reporting person is the beneficial owner of his sons' shares for purposes of Section 16 or for any other purpose.

/s/ George A. Eldridge as attorney-in-fact

01/03/2019

\*\* 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 Number.