FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHI

, =	OMI	OMB APPROVAL					
N BENEFICIAL OWNERSHIP	OMB Numb	per: 3235-028					
N BENEFIONE OWNERORM	Estimated a	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).

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

							. ,														
Name and Address of Reporting Person*						2. Issuer Name and Ticker or Trading Symbol PROTEON THERAPEUTICS INC [ PRTO ]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
Burke Steven Keith					1	TROTLON THERM EUTICS INC [ PRIO ]								1		Direc	ctor		10% O	wner	
(1+)	<b>/</b> F:-		A 4: -1 -11 - \		2 D	ato o	of Earlin	et Tranc	action (	Month	/Day/Voar)			$\dashv$	X	Office	er (give title v)		Other ( below)	specify	
(Last)	(Fir	,	Middle)			3. Date of Earliest Transaction (Month/Day/Year) 06/30/2015										SV	P & Chief	Medica	al Offic	er	
C/O PROTEON THERAPEUTICS				100/	00/30/2013																
200 WES	T STREET	•																			
,					4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable						
(Street)														L	ine)						
WALTH	AM M	Α (	2451												X	Form	n filed by One	e Repor	ting Pers	on	
																Form Pers	n filed by Mor on	re than (	One Rep	orting	
(City)	(St	ate) (	Zip)																		
		Tabl	e I - Non	-Deriv	ative	Se	curitie	s Ac	quired	l, Dis	sposed o	f, o	r Ben	efici	ally C	Owne	ed				
1. Title of Security (Instr. 3)  2. Transac Date (Month/Date)					Day/Year) if		2A. Deemed Execution Date, if any (Month/Day/Year)		Transaction Disposed Code (Instr. 5)		ities Acquired (A d Of (D) (Instr. 3,			4 and So		5. Amount of Securities Beneficially Owned Following Reported		ership Direct ndirect tr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
									Cod	v	Amount		(A) or (D)	Price	, l·	Transa	action(s) 3 and 4)			(111511.4)	
Common Stock 06/30					/2015	/2015			A <sup>(1)</sup>	V	2,403 A		\$8.	84	32,814		]	D			
		Та									osed of,					ned			•		
			(€	e.g., pu	ıts, c	alls	, warr	ants,	optio	ns, c	onvertib	ole s	securi	ties)							
1. Title of Derivative Security (Instr. 3)	rivative Conversion Date Execution Date, curity or Exercise (Month/Day/Year) if any			Date,	4. Transaction Code (Instr. 8)		of		6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)		str. 3	8. Price of Derivative Security (Instr. 5)		9. Number of derivative Securities Beneficially Owned Following Reported Transactions (Instr. 4)	Ow For Dir or I (I) (	nership	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercis	able	Expiration Date	Title	or Nur of	ount nber							

## **Explanation of Responses:**

1. The shares were acquired under the Issuer's 2014 Employee Stock Purchase Plan in a transaction that was exempt under both Rule 16b-3(d) and Rule 16b-3(c).

/s/ George A. Eldridge as attorney-in-fact for Steven Burke

07/07/2015

\*\* Signature of Reporting Person Date

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

- $^{\star}$  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.