FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL								
OMB Number:	3235-0287							
Estimated average burden								
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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*				2. Issuer Name and Ticker or Trading Symbol PROTEON THERAPEUTICS INC [PRTO]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)							
NOYES TIMOTHY P				111	FROTEON THERAFEUTICS INC [PRIO]								, 1 .	X Dire		ctor		10% C	wner	
(Last)	(Fi	rst) (Middle)		3. D	Date of Earliest Transaction (Month/Day/Year)									X Office below				Other below)	(specify
C/O PROTEON THERAPEUTICS				01/16/2018								President and CEO								
200 WEST STREET																				
				4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)								6.	6. Individual or Joint/Group Filing (Check Applicable						
(Street)														Li	ine)	Farm	filed by One	Donostis	a Dara	
WALTH	AM M	Α (02451												X	X Form filed by One Reporting Person Form filed by More than One Reporting				
,																Pers		re than Oi	1е кер	orting
(City)	(St	ate) (Zip)																	
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
1. Title of Security (Instr. 3) 2. Transacti Date (Month/Day					Execution Date,		3. Transaction Code (Instr. 8) 4. Securities Acquired (A) of (D) (Instr. 3, 4)				and 5) Secur Benef Owne		icially d Following	Form: Di (D) or Inc	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership				
								Code	v	Amount (A) or (D)		Price		Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)		
Common Stock 01/16/2				2018	2018		D ⁽¹⁾		10,000 D \$2		\$2.35	8,742 8,742		D						
	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)	Derivative Conversion Date Execution Security or Exercise (Month/Day/Year) if any		on Date,	Code (Instr.		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)		J nstr. 3	Deriv Secu	rivative curity str. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction((Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	: t (D) direct	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercis	able	Expiration Date	Title	or Nu of	ımber						

Explanation of Responses:

- 1. The transactions reported in this Form 4 were effected pursuant to a Rule 10b5-1 trading plan adopted by the Reporting Person on August 14, 2017.
- 2. The selling price of \$2.357 is reflective of the weighted average sale price of all transactions reported on this line. The prices for the transactions reported on this line range from \$2.30 to \$2.425. The reporting person undertakes to provide Proteon Therapeutics, Inc., any security holder of Proteon Therapeutics, Inc., or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares sold at each separate price within the range set forth in this footnote.

/s/ George A. Eldridge as attorney-in-fact for Timothy P. 01/17/2018 Noves

** 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.