FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D.C. 20549 | |
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| STATEMENT | OF CHAN | IGES IN BE | ENEFICIAL | OWNERSHIP |
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OMB APPROVAL OMB Number: 3235-0287 Estimated average burden 0.5 hours per response:

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* LEFF JONATHAN S | | | | | 2. Issuer Name and Ticker or Trading Symbol PROTEON THERAPEUTICS INC [PRTO] | | | | | | | ck all applica Director | , | | n(s) to Issuer 10% Owner | | |
|---|--|-------------------|--|--|---|-----------------------|-------|---|--|--|--|--|------------------------------------|--|-----------------------------|-----------------------------|----|
| (Last) | ` | irst) ERAPEUTICS, | (Middle) | | 3. Date of Earliest Transaction (Month/Day/Year) 06/08/2018 | | | | | | | Officer (below) | give title | | Other (sp below) | ecify | |
| 200 WEST STREET | | | | 4 | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | 6. Individual or Joint/Group Filing (Check Applicable | | | | | | |
| (Street) WALTH | AM M | IA | 02451 | | | | | | | | | Line) | Form file | , | • | rting Person One Reporti | ng |
| (City) | (9 | itate) | (Zip) | | | | | | | | | | | | | | |
| | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Trans: Date (Month/I | | | е | action 2A. Deemed Execution Date, if any (Month/Day/Yea | | Code (Instr. | | | | and 5) Securities Beneficially Owned Follo | | Form: (D) or | Direct Ir Indirect B str. 4) | 7. Nature of ndirect Beneficial Dwnership | | | |
| | | | Code V Amount (A) or (D) | | | | Price | Reported Transactio (Instr. 3 ar | saction(s) | | " | nstr. 4) | | | | | |
| | 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) 2. Conversion or Exercise Price of Derivative Security (Instr. 3) 3. Transaction Date (Month/Day/Year) (Month/Day/Year) 3. Transaction Date (if any (Month/Day/Year)) | | | 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 an of Securit Underlyin Security (4) | | | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) | | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | | | | |
| | | | | Code | v | (A) | (D) | Date Exercisable | Expira Date | ition | Title | Amount or Number of Shares | | (Instr. 4) | | | |
| Stock Option (Right to Buy) | \$2.5 | 06/08/2018 | | A | | 12,700 ⁽¹⁾ | | (2) | 06/07/ | 2028 | Common Stock | 12,700(1) | \$0 | 12,700 | 0(1) | D | |

Explanation of Responses:

- 1. The Reporting Person, a partner in Deerfield Management Company, L.P., has no pecuniary interest in the securities reported herein and disclaims beneficial ownership of such securities. The Reporting Person holds the option for the benefit, and at the direction, of Deerfield Management Company, L.P.
- 2. The option shall vest and become exercisable with respect to 100% of the shares on the earlier of (i) June 8, 2019 and (ii) the next annual meeting of stockholders of the Issuer.

/s/ Jonathan S Leff 06/12/2018

** 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.