UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, DC 20549

FORM 8-K
CURRENT REPORT

Pursuant to Section 13 or 15(d) of The Securities Exchange Act of 1934

Date of Report (Date of earliest event reported): **March 26, 2015**

Proteon Therapeutics, Inc.
(Exact name of registrant as specified in its charter)

Delaware	**001-36694**	**20-4580525**
(State or other jurisdiction of incorporation)	(Commission File Number)	(IRS Employer Identification No.)

200 West Street **Waltham, MA** **Summerville, SC 29485**	**02451**
(Address of principal executive offices)	(Zip Code)

Registrant's telephone number, including area code: **(781) 890-0102**

N/A
(Former name or former address, if changed since last report)

Check the appropriate box below if the Form 8-K filing is intended to simultaneously satisfy the filing obligation of the registrant under any of the following provisions (see General Instruction A.2. below):

☐ Written communications pursuant to Rule 425 under the Securities Act (17 CFR 230.425)

☐ Soliciting material pursuant to Rule 14a-12 under the Exchange Act (17 CFR 240.14a-12)

☐ Pre-commencement communications pursuant to Rule 14d-2(b) under the Exchange Act (17 CFR 240.14d-2(b))

☐ Pre-commencement communications pursuant to Rule 13e-4(c) under the Exchange Act (17 CFR 240.13e-4(c))

Item 7.01. Regulation FD

On March 26, 2015, Proteon Therapeutics, Inc. issued a press release announcing scientific results from a long-term analysis of follow-up data from a Phase 2 study of vonapanitase (formerly PRT-201). In addition, Dr. Bradley Dixon, Associate Professor of Nephrology at the University of Iowa, Department of Internal Medicine, presented a scientific poster at the National Kidney Foundation's 2015 Spring Clinical Meetings (March 25-29, 2015) in Dallas, Texas entitled Vonapanitase (PRT-201, Recombinant Human Type I Pancreatic Elastase) Improved Long-Term Radiocephalic Arteriovenous Fistula (RCF) Patency. A copy of such press release and scientific poster are attached as Exhibit 99.1 and Exhibit 99.2, respectively, to this Current Report on Form 8-K and is incorporated herein by reference in its entirety. A copy of the scientific poster will be posted on Proteon's website at www.proteontherapeutics.com/clinical-development/publications.php. On March 28, 2015, Dr. Dixon will present at the National Kidney Foundation's 2015 Spring Clinical Meetings information regarding this data.

The information, including the exhibit attached hereto, in this Current Report on Form 8-K shall not be deemed "filed" for purposes of Section 18 of the Securities Exchange Act of 1934, as amended (the "Exchange Act"), or otherwise subject to the liabilities of that Section, nor shall it be deemed incorporated by reference in any filing under the Securities Act of 1933 or the Exchange Act, except as otherwise expressly stated in such filing.

Item 9.01. Financial Statements and Exhibits

(d) Exhibits

Exhibit No.	Description
99.1	Press Release, dated March 26, 2015, issued by Proteon Therapeutics, Inc.
99.2	Scientific Poster entitled Vonapanitase (PRT-201, Recombinant Human Type I Pancreatic Elastase) Improved Long-Term Radiocephalic Arteriovenous Fistula (RCF) Patency

SIGNATURE

Pursuant to the requirements of the Securities Exchange Act of 1934, the registrant has duly caused this report to be signed on its behalf by the undersigned hereunto duly authorized.

Date: March 26, 2015

PROTEON THERAPEUTICS, INC.
(Registrant)

By: /s/ Timothy P. Noyes
Name: Timothy P. Noyes
Title: President & Chief Executive Officer

EXHIBIT INDEX

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Proteon Therapeutics Announces Positive Long-Term Results From Phase 2 Study of Investigational New Drug Vonapanitase in Chronic Kidney Disease Patients Undergoing Surgical Creation of an Arteriovenous Fistula for Hemodialysis

Data to be Presented at the National Kidney Foundation's 2015 Spring Clinical Meetings

DALLAS and WALTHAM, Mass., March 26, 2015 (GLOBE NEWSWIRE) -- Proteon Therapeutics Inc. (Nasdaq:PRTO), a company developing novel, first-in-class therapeutics to address the medical needs of patients with kidney and vascular diseases, today announced positive results from a long-term analysis of more than three years of follow-up data from a Phase 2 study of its lead candidate, vonapanitase (formerly PRT-201). The study evaluated the safety and efficacy of vonapanitase, an investigational drug, in patients with chronic kidney disease (CKD) undergoing surgical creation of an arteriovenous fistula (AVF) for hemodialysis.

The Phase 2 multicenter, randomized, double-blind, placebo-controlled clinical study evaluated safety and efficacy of a single application of vonapanitase delivered immediately after surgical creation of an AVF. Data from the long-term analysis, to be presented at the National Kidney Foundation's (NKF) 2015 Spring Clinical Meetings in Dallas, demonstrated a trend of prolonged primary patency, the study's primary endpoint, and a statistically significant improvement in the rate of corrective procedures, a secondary endpoint, over more than three years of follow-up for the 30 mcg vonapanitase dose as compared to placebo. An analysis of the results in the subset of patients receiving a radiocephalic AVF, which was not pre-specified, showed statistically significant improvements in primary patency, secondary patency (AVF survival) and the rate of corrective procedures over more than three years of follow-up for the 30 mcg vonapanitase dose as compared to placebo. A radiocephalic AVF is the preferred form of hemodialysis vascular access and is currently being studied in a Phase 3 clinical trial of vonapanitase.

Patients that received vonapanitase reported adverse events related to the AVF comparable to placebo over more than three years. These events were consistent with the medical events experienced by chronic kidney disease patients undergoing surgical creation of an AVF.

Bradley Dixon, M.D., a nephrologist and Associate Professor of Medicine at the University of Iowa's Department of Internal Medicine, will present the results in a late-breaking clinical trial session on Saturday, March 28, 2015, at 9 a.m. CDT at the Spring Clinical Meetings. The data are also available as a poster presentation at the meetings and on Proteon's website here.

"These results suggest that a single treatment of vonapanitase immediately after radiocephalic AVF surgical creation may yield durable benefits for patients," said Dr. Dixon. "A radiocephalic AVF is the preferred form of vascular access for hemodialysis patients, and the benefits of vonapanitase, if observed in pivotal Phase 3 studies, would have great clinical importance to patients and their caregivers."

A functioning AVF, which is a surgically created connection between an artery and a vein, is a hemodialysis patient's lifeline, enabling the patient to undergo life-sustaining hemodialysis. AVFs are susceptible to patency loss, which occurs when an AVF has insufficient blood flow for hemodialysis, most often due to a blockage in the blood vessels of the AVF. Patency loss can result in additional surgical or other corrective procedures, such as balloon angioplasty, and reduced AVF survival.

"The results from more than three years of follow-up extend the positive findings we observed at one year in the non-pre-specified subset analysis of patients undergoing surgical creation of radiocephalic AVFs – the same patient population we are studying in our ongoing Phase 3 clinical trial," said Timothy Noyes, President and Chief Executive Officer of Proteon.

Proteon is currently enrolling patients in a Phase 3 multicenter, randomized, double-blind, placebo-controlled clinical study of vonapanitase in CKD patients undergoing surgical creation of a radiocephalic AVF for hemodialysis. The Company expects to complete enrollment by the end of 2015 and is anticipating initiating enrollment in a second Phase 3 clinical study in the second quarter of 2015. Proteon is also conducting an ongoing Phase 1 clinical study of vonapanitase in patients with symptomatic peripheral artery disease (PAD).

About Chronic Kidney Disease, Hemodialysis and Vascular Access

In the most severe stage of chronic kidney disease (CKD), also known as end stage renal disease (ESRD), the kidneys can no longer function to sustain life. The majority of ESRD patients require hemodialysis and need a high-flow vascular access to repeatedly connect the patient's bloodstream to a hemodialysis machine for this life-saving, chronic treatment: Three times per week for three to four hours each session, blood is pumped from the body and passed through a dialysis machine that removes waste and excess water normally excreted by the kidneys. The preferred form of vascular access, used by two-thirds of hemodialysis patients in the United States, is an arteriovenous fistula (AVF). An AVF is created when a surgeon connects a vein to an artery, typically at the wrist or elbow, resulting in a substantial increase in blood flow and vein dilation.

About Vonapanitase

Vonapanitase (formerly PRT-201) is an investigational drug designed to improve arteriovenous fistula (AVF) patency, the period of time during which an AVF remains open with adequate blood flow to enable hemodialysis. Vonapanitase is applied in a single administration and is currently being studied in a Phase 3 clinical trial in patients with chronic kidney disease (CKD) undergoing surgical creation of a radiocephalic arteriovenous fistula for hemodialysis. Vonapanitase has received fast track and orphan drug designations from the U.S. Food and Drug Administration (FDA), and orphan medicinal product designation from the European Commission, for hemodialysis vascular access indications. Vonapanitase may have multiple surgical and endovascular applications in which vessel injury leads to blockages in blood vessels and reduced blood flow, and is currently being evaluated in a Phase 1 clinical trial in patients with symptomatic peripheral artery disease (PAD).

About Proteon Therapeutics

Proteon Therapeutics is committed to improving the health of patients with kidney and vascular diseases through the development of novel, first-in-class therapeutics. Proteon's lead product, vonapanitase (formerly PRT-201), is designed to improve arteriovenous fistula (AVF) patency, the period of time during which an AVF remains open with adequate blood flow to enable hemodialysis. Proteon is currently evaluating vonapanitase in a Phase 3 clinical trial in patients with chronic kidney disease (CKD) undergoing surgical creation of a radiocephalic arteriovenous fistula for hemodialysis and a Phase 1 clinical trial in patients with symptomatic peripheral artery disease (PAD). For more information, please visit www.proteontherapeutics.com.

Cautionary Note Regarding Forward-Looking Statements

This press release contains statements that are, or may be deemed to be, "forward-looking statements." In some cases these forward-looking statements can be identified by the use of forward-looking terminology, including the terms "believes," "estimates," "anticipates," "expects," "plans," "intends," "may," "could," "might," "will," "should," "approximately," "potential," or, in each case, their negatives or other variations thereon or comparable terminology, although not all forward-looking statements contain these words. These statements, including those regarding the potential surgical and endovascular applications for vonapanitase, the timing of results of the Phase 1 study for patients with PAD, the potential treatment of renal and vascular diseases with vonapanitase, the effect of vonapanitase in patients with CKD and number of persons with CKD, timing of enrollment for Phase 3 trial, timing for initiation of enrollment for second Phase 3 trial, and those relating to future events or our future financial performance or condition, involve substantial known and unknown risks, uncertainties and other important factors that may cause our actual results, levels of activity, performance or achievements to differ materially from those expressed or implied by these forward-looking statements. These risks, uncertainties and other factors, including whether our cash resources will be sufficient to fund our operating expenses and capital expenditure requirements for the period anticipated; whether data from early clinical trials will be indicative of the data that will be obtained from future clinical trials; whether vonapanitase will advance through the clinical trial process on the anticipated timeline and warrant submission for regulatory approval; whether such a submission would receive approval from the Food and Drug Administration or equivalent foreign regulatory agencies on a timely basis or at all; and whether we can successfully commercialize and market our product candidates, are described more fully in our Annual Report on Form 10-K for the year ended December 31, 2014 as filed with the Securities and Exchange Commission on March 19, 2015, particularly in the sections titled "Risk Factors" and "Management's Discussion and Analysis of Financial Condition and Results of Operations." In light of the significant uncertainties in our forward-looking statements, you should not place undue reliance on these statements or regard these statements as a representation or warranty by us or any other person that we will achieve our objectives and plans in any specified time frame, or at all. The forward-looking statements contained in this press release represent our estimates and assumptions only as of the date of this press release and, except as required by law, we undertake no obligation to update or revise publicly any forward-looking statements, whether as a result of new information, future events or otherwise after the date of this press release.

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VONAPANITASE (PRT-201, RECOMBINANT HUMAN TYPE I PANCREATIC ELASTA
IMPROVED LONG-TERM RADIOCEPHALIC ARTERIOVENOUS FISTULA (RC AVF) P

Bradley Dixon[1], Robert Hye[2], Eric Peden[3], Timothy O'Connor[4], Barry Browne[5], Steven Burke[6]
[1]Univ. of Iowa Hospitals & Clinics, Iowa City, IA, [2]Kaiser Permanente, San Diego, CA, [3]The Methodist Hos
[4]Renal Care Associates, Peoria, IL, [5]California Institute of Renal Research, San Diego, CA, [6]Proteon Ther

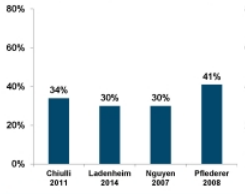
University of Iowa Carver College of Medicine
University of Iowa Health Care

Background

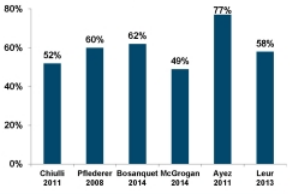
High Rates of AVF Maturation Failure and Patency Loss

- While radiocephalic AVFs (RC AVFs) are the preferred form of vascular access, most will fail within one year of surgical placement
  - Approximately 50% fail to adequately increase in lumen diameter and blood flow (maturation failure)
  - Approximately 70% thrombose or require an intervention (primary unassisted patency loss)
  - Approximately 35% are abandoned (secondary patency loss)
- Patients frequently endure repeated procedures and/or surgeries that also have a negative impact on providers

One-Year RC AVF Primary Patency (Recently Published Data)



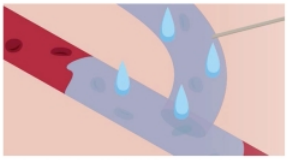
One-Year RC AVF Secondary Patency (Recently Published Data)



Vonapanitase, an Investigational New Drug

Recombinant Human Elastase

- 26 kd serine protease
- Fragments elastin fibers
- Does not affect collagen fibers
- Localized effect
- Non-systemic
- Inactivated in blood by antiproteases



Single application to external surface of AVF immediately after surgical creation

Protocol

- Randomized, double-blind, placebo-controlled
- 151 subjects undergoing surgical creation of a radiocephalic AVF (RC AVF) or brachiocephalic AVF (BC AVF)
- Placebo, 10 and 30 mcg (1:1:1 randomization)
- Efficacy endpoints
  - Primary: primary unassisted patency
  - Secondary: unassisted maturation at 12 weeks, secondary patency, AVF usability, and the rate of procedures to restore/maintain patency
- Follow-up at weeks 2, 6 and 12, and every 3 months thereafter
- Results of one-year analysis previously published (Hye 2014 *Journal of Vascular Surgery*)
  - Current analysis reported here occurred after last subject treated completed three years of follow-up
- Analyses of patency and the rate of procedures to restore/maintain patency by AVF type (RC AVF and BC AVF) and analyses excluding central stenosis were not pre-specified in the original study protocol

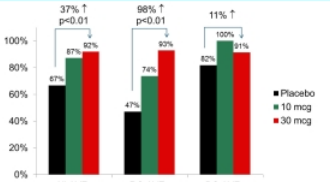
Demographics

	Placebo (n=51)	10 mcg (n=51)	30 mcg (n=49)
Male, %	63	55	55
White, %	63	78	74
Age, mean ± SD	59 ± 15	59 ± 18	59 ± 15
BMI, mean ± SD	31 ± 8	31 ± 8	35 ± 8
RC AVF, %	47	45	41
Pre-dialysis, %	57	55	71
CKD due to diabetes, %	39	43	55
CKD due to hypertension, %	35	28	22

Safety Results Over 3+ Years

- 151 received vonapanitase or placebo; at the time of analysis 63 are ongoing in the study, 40 had their AVFs abandoned, 48 terminated early (death (20), transplant (9), peritoneal dialysis (4), loss to follow-up (15))
- Average duration of follow-up at the time of this analysis is 21 to 23 months in the three groups
- No meaningful physical examination findings over 1 year
- No meaningful changes in safety laboratories (chemistry, hematology, coagulation) at 6 weeks
- Adverse events (AEs) consistent with medical conditions experienced by CKD patients undergoing AVF surgery
- For vonapanitase and placebo groups, AEs were comparable over 1 year and AEs related specifically to the AVF were comparable over 3+ years
- Safety results at one-year available in Hye 2014 *Journal of Vascular Surgery*

Unassisted Maturation at 12 Weeks



Unassisted maturation defined as average cephalic vein lumen diameter ≥ 4 mm and blood flow ≥ 500 mL/min at 12 weeks without prior patency loss.

Primary Unassisted and Secondary Patency

Percentage of Subjects Who Maintained Patency Over 3+ Years

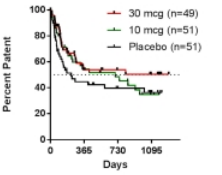
	Placebo	10 mcg	30 mcg
Primary Patency			
All AVFs (n=51,51,49)	36.3%	34.8%	50.4%
All Excl CS (n=51,51,49)	36.1%	41.3%	56.6%
RC AVFs (n=24,23,20)	31.1%	41.7%	62.7%
BC AVFs (n=27,28,29)	40.0%	29.1%	40.7%
BC Excl CS (n=27,28,29)	39.6%	40.6%	51.7%
Secondary Patency			
All AVFs (n=51,51,49)	63.0%	65.0%	76.9%
RC AVFs (n=24,23,20)	59.4%	74.7%	90.0%
BC AVFs (n=27,28,29)	66.3%	55.2%	67.2%

CS = central stenosis, RC AVF = radiocephalic arteriovenous fistula, BC AVF = brachiocephalic arteriovenous fistula.

P

All Subjects

37% reduction (p=0.10) in the risk of primary patency loss for all subjects (30 mcg)

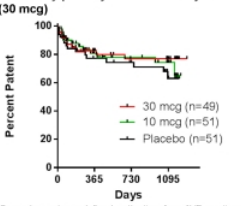


Primary unassisted patency defined as the time from AVF creation until the first occurre

Secondary Patency Over 3+

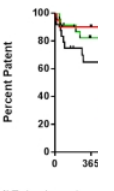
All Subjects

23% reduction (p=0.33) in the risk of secondary patency loss for all subjects (30 mcg)



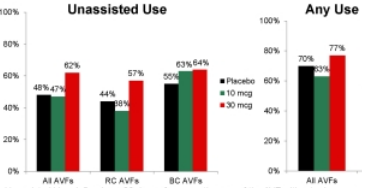
Radiocepha

76% reduction (p=0 patency loss for R



Secondary patency defined as the time from AVF creation until AVF abandonment.

AVF Use for Hemodialysis Ove



Unassisted Use defined as ≥90 days of consecutive use of the AVF without prior proce patency. Any Use defined as ≥90 days of consecutive use of the AVF or ≥30 days of co use began between the last and second to last study visits, independent of the need fo patency. None of these differences were statistically significant.