FORM 5

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Machinaton | $D \subset$ | 205/10 |
|-------------|-------------|--------|
| Washington, | D.C. | 20549 |

| ANNUAL STATEMENT OF CHANGES IN BENEFICIAL | | | | | |
|---|--|--|--|--|--|
| | | | | | |

| OMB APPROVAL | | | | | | | | |
|---------------------|-----------|--|--|--|--|--|--|--|
| OMB Number: | 3235-0362 | | | | | | | |
| Estimated average I | ourden | | | | | | | |

| | | onger subject to | | | | vvasn | iington, L |).C. 2 | :0549 | | | | | | OME | 3 APPF | OVAL |
|---|---|-------------------------------------|---|---|---|-------|--|--------------|--|---------------|--|---|--|--|--|----------------------------------|------------|
| Sectio obligat Instruc | n 16. Form 4 or tions may contil ction 1(b). 3 Holdings Rep | Form 5 nue. <i>See</i> | ANNUAL STATEMENT OF CHANGES IN BENEFICIAL | | | | | | | Esti | OMB Number: 323 Estimated average burden hours per response: | | | | | | |
| | 4 Transactions | | Fil | ed pursuant t or Section | | | | | urities Excha Company Ad | | | | | <u></u> | | | |
| 1. Name and Address of Reporting Person* Smerklo Michael A | | | | | 2. Issuer Name and Ticker or Trading Symbol SPS COMMERCE INC [SPSC] | | | | | | | | ck all appli | cable) | • | | |
| | JTH SEVE | rst) NTH STREET | (Middle) | | 3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) Officer (gi below) 12/31/2015 | | | | | | | | | ive title Other (s below) | | | |
| SUITE 1000 (Street) MINNEAPOLIS MN 55402 (City) (State) (Zip) | | | | | | | nal Fil | led (Month/I | Day/Year | | 6. Individual or Joint/Group Filing (Check Application) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | | |
| (City) | (5 | - | le I - Non-Deri | vative Sec | curitie | es A | cauire | d. D | isposed | of. or | Benefici | allv | Owned | | | | |
| 1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Year) | | 2A. Deemed Execution I if any | 2A. Deemed Execution Date, | | 3. Transaction Code (Instr. | | 4. Securities Acquired (A) or Dispos | | | - | | nt of s lly | 6. Owne Form: (D) or | | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | (MOIIIII/Da | | 0) | | Amou | unt | (A) or (D) | Price | | Issuer's F Year (Inst 4) | iscal | Indire (Instr. | | (Instr. 4) |
| Common Stock 05/14/2015 | | | | A4 | | 44 | 685(1) | | A | \$0.00 | | 908 | | D | | | |
| | | Т | able II - Deriva) ۱ ,(e.g., | ative Secu outs, calls | | | | | | | | | Owned | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | ise (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. Transaction Code (Instr. 8) | 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 Secu (Instr. 3 and 4) | | D S (I | 8. Price of Derivative Security (Instr. 5) | 9. Numb derivativ Securitie Benefici Owned Followin Reporter Transact (Instr. 4) | ve es ally ig d tion(s) | 10. Owners Form: Direct (I or Indire (I) (Instr | Beneficia Ownershi ct (Instr. 4) | |
| | | | | | (A) | (D) | Date Exercisa | able | Expiration Date | Title | Amoun or Numbe of Shares | oer | | | | | |
| Stock Option (right to | \$67.37 | 05/14/2015 | | 4A | 2,253 | | (2) 05/13/2022 | | 05/13/2022 | Comm | | | \$0.00 | 2,253 | | D | |

Explanation of Responses:

- 1. This reflects a restricted stock award. The shares subject to this award will vest in four equal installments on the last day of each fiscal quarter with the first vesting occurring on June 30, 2015, provided the recipient remains a member of the board as of the vesting date.
- 2. Shares subject to this Option vest in four equal installments on the last day of each fiscal quarter with the first vesting occurring on June 30, 2015, provided the reporting person remains a member of the board as of the vesting date.

Remarks:

/s/ Jonathan R. Zimmerman,

Attorney-in-Fact for Michael

02/09/2016

Date

A. Smerklo

** Signature of Reporting Person

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.