FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPRO	DVAL
OMB Number:	3235-0287
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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 S	Section	on 30(h)	of the I	nvestme	nt Cor	npany Act	of 194	0								
1. Name and Address of Reporting Person* <u>ADAMS STREET PARTNERS LLC</u>						2. Issuer Name and Ticker or Trading Symbol SPS COMMERCE INC [SPSC]									Relationship of Reporting Person(s) to Issuer (Check all applicable) Director X 10% Owner						
(Last) (First) (Middle) ONE NORTH WACKER DRIVE SUITE 2200						3. Date of Earliest Transaction (Month/Day/Year) 06/09/2011										Office below	er (give title w)		Other (below)	(specify	
(Street) CHICAGO IL 60606-2823 (City) (State) (Zip)				4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)									Individue)	Form filed by One Reporting Person						
		Tabl	e I - No	n-Deriva	ative	Se	curitie	s Acc	quired,	Dis	posed o	f, or	Ben	eficia	lly C	Owne	ed				
			2. Transa Date (Month/Da		r) E	2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4				and Securitie Beneficia Owned F		ties cially d Following	Forn (D) c	wnership n: Direct or Indirect nstr. 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 0			06/09/	2011				S		1,204,327 D		\$1	6	0			I	By BVCF IV, L.P. ⁽¹⁾			
		Та									sed of, onvertib				/ Ow	ned					
1. Title of Derivative Security (Instr. 3) 2. Conversion or Exercise Price of Derivative Security Output			Date,	4. Transa Code (I 8)				6. Date E Expiratio (Month/D	n Dat		7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)		str. 3			9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Ownership Form: Direct (D) or Indirect	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
				,	Code	v	(A)	(D)	Date Exercisa		Expiration Date	Title	or	ount mber ares							
		Reporting Person*	RS LLC																		
(Last)		(First)	(Midd	dle)		-															

1. Name and Address of Reporting Person* ADAMS STREET PARTNERS LLC								
(Last)	(First)	(Middle)						
ONE NORTH WACKER DRIVE SUITE 2200								
(Street) CHICAGO	IL	60606-2823						
(City)	(State)	(Zip)						
1. Name and Address of Reporting Person* BVCF IV LP								
(Last) ONE NORTH WAG SUITE 2200	(First) CKER DRIVE	(Middle)						
(Street) CHICAGO	IL	60606-2823						
(City)	(State)	(Zip)						

Explanation of Responses:

1. Represents securities held directly by BVCF IV, L.P. Adams Street Partners, LLC, the sole general partner of BVCF IV, L.P., is deemed to have sole voting and investment power over the shares. Adams Street Partners, LLC disclaims any beneficial ownership of the reported securities, except to the extent of any pecuniary interest therein. This report shall not be deemed an admission that Adams Street Partners, LLC is the beneficial owner of such securities for purposes of Section 16 or for any other purpose.

<u>Timothy R.M. Bryant - General</u>
<u>Counsel</u>

<u>BVCF IV, L.P. By: Adams</u>

Street Partners, LLC, its general partner - Timothy R.M. 06/10/2011

Bryant - Counsel

** 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.