FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D.C. | 20549 |
|-------------|------|-------|
| | | |

| STATEMENT | OF CHANGES | IN BENEFICIAL | OWNERSHIP |
|------------------|-------------------|---------------|------------------|

OMB APPROVAL OMB Number: Estimated average burden hours per response: 0.5

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

| | | | | | | | • | , | | | ' ' | | | | | | | | | |
|---|---|--|--|-------------|--|---|-----------|----------|---|---------|--|---|----------------|---------------------------------|---|--|--------------------------------------|--|--|--|
| 1. Name and Address of Reporting Person* WEHRWEIN SVEN | | | | | 2. Issuer Name and Ticker or Trading Symbol SPS COMMERCE INC [SPSC] | | | | | | | | | (Che | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner | | | | | |
| (Last) 333 SOU | ` | irst) NTH STREET | (Middle) | | | 3. Date of Earliest Transaction (Month/Day/Year) 06/04/2019 | | | | | | | | | _ | (give title | | Other (s below) | | |
| SUITE 1 | 000 | | | | 4. If | f Ame | endmer | nt, Date | of Origin | al File | ed (Month/D | ay/Year) | | 6. In | | Joint/Group | Filing | (Check Ap | plicable | |
| (Street) MINNE | APOLIS M | IN | 55402 | | | | | | | | | | | - 1 | Y Form 1 | iled by One iled by More | | • | | |
| (City) | (S | tate) | (Zip) | | | | | | | | | | | | | | | | | |
| | | Tab | le I - No | n-Deriv | /ative | Se | curiti | ies Ac | quired | , Di | sposed (| of, or E | ene | ficiall | y Owned | i l | | | | |
| 1. Title of Security (Instr. 3) Common Stock | | | 2. Transaction Date (Month/Day/Year) | | | Execution Date, | | Code | Transaction Dis | | 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5) | | | | es ally Following | Form: | Direct of Indirect str. 4) | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | | | | | Amount | (A) | or | Price | Reporte Transac (Instr. 3 | tion(s) | | | (Instr. 4) | | |
| | | | 06/04 | 06/04/2019 | | | | М | | 2,00 | 0 | 1 | \$48.6 | 6 9, | 235 | | D | | | |
| Common Stock | | | 06/04 | 04/2019 | | | | S | | 2,00 | 0] |) | \$105 | 7,235 | | | D | | | |
| Common | Stock | | | 06/05 | 5/2019 |) | | | М | | 644 | | 1 | \$48.6 | 5 7, | 879 | | D | | |
| Common Stock 06/0 | | | | 5/2019 | /2019 | | S | | 644 | 644 Г | | \$105 | 7,235 | | | D | | | | |
| | | 7 | | | | | | | | | posed of converti | | | | Owned | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deem Execution if any (Month/Da | ed Date, | d 4. Date, Transa Code (| | 5. Number | | 6. Date Exercis Expiration Date (Month/Day/Ye | | sable and | 7. Title and Amount of Securities Underlying Derivative Secur (Instr. 3 and 4) | | curity | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4) | e O' S Fo Illy Oi Oi (I) | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | Code | code V | | (D) | Date Exercisa | ble | Expiration Date | Title | or Nu of | umber | | | | | | |
| Stock Option (right to buy) | \$48.66 | 06/04/2019 | | | М | | | 2,000 | (1) | | 05/14/2020 | Commo Stock | n 2 | ,000 | \$0.00 | 644 | | D | | |
| Stock Option (right to | \$48.66 | 06/05/2019 | | | M | | | 644 | (1) | | 05/14/2020 | Commo | n (| 644 | \$0.00 | 0 | | D | | |

Explanation of Responses:

1. Fully vested.

buy)

Remarks:

/s/ Jonathan R. Zimmerman, Attorney-in-Fact for Sven A.

06/06/2019

Date

Wehrwein

** Signature of Reporting Person

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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.

^{*} 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).