SEC Form 4	
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FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).		obligations may continue. See
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

OMB APPROVAL							
OMB Number:	3235-0287						
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1. Name and Address of Reporting Person*			2. Issuer Name and Ticker or Trading Symbol SPS COMMERCE INC [SPSC]	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
ADAMS STREET PARTNERS LLC			[]		Director	Х	10% Owner		
(Last) ONE NORTH W SUITE 2200	(First) ACKER DRIVE	(Middle)	3. Date of Earliest Transaction (Month/Day/Year) 02/28/2011		Officer (give title below)		Other (specify below)		
			4. If Amendment, Date of Original Filed (Month/Day/Year)	6. Individual or Joint/Group Filing (Check Appli					
(Street) CHICAGO	IL	60606-2823		Line) X	Form filed by One R Form filed by More t Person		0		
(City)	(State)	(Zip)							

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)						5. Amount of Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
			Code	v	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)		(1150.4)	
Common Stock	02/28/2011		s		136,940	D	\$15.5	1,204,327	I	By BVCF IV, L.P. ⁽¹⁾	

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	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transa Code (8)		of E		6. Date Exerc Expiration D (Month/Day/)	on Date An Day/Year) Se Un De		e and nt of ties lying tive ty (Instr. 3	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				

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 Addre	ess of Reporting Perso D	on*								
(Last)	(First)	(Middle)								
ONE NORTH V	ONE NORTH WACKER DRIVE									
SUITE 2200										
(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.

 Timothy R.M. Bryant - General

 Counsel

 BVCF IV, L.P. By: Adams

 Street Partners, LLC, its

 general partner - Timothy R.M.

 Bryant - General 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.