FORM 4

obligations may continue. See Instruction 1(b).

Check this box if no longer subject to Section 16. Form 4 or Form 5

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D.C. | 20549 |
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| STATEMENT OF CHANGES IN BENEFICIAL OWNERSHI |
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OMB APPROVAL OMB Number: Estimated average burden hours per response: 0.5

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* Novak David J. Jr. | | | | | | 2. Issuer Name and Ticker or Trading Symbol SPS COMMERCE INC [SPSC] | | | | | | | | neck all app Direc | licable) | ng Per | son(s) to Iss 10% Ow Other (s | /ner | |
|--|---|------------|------------|---------------------------------|-------|---|-------------------------------|--|-----------------------------------|---------------|--|-----------------|---|--|----------------|--|--|---|--|
| (Last) (First) (Middle) 333 SOUTH SEVENTH STREET SUITE 1000 | | | | | 11/ | 3. Date of Earliest Transaction (Month/Day/Year) 11/09/2011 | | | | | | | | X Officer (give title Offier (specify below) EVP of Business Develpmt | | | | | |
| (Street) | reet) IINNEAPOLIS MN 55402 | | | | _ | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person Person | | | | | |
| (City) | (S | | (Zip) | | | | | | | | | | | | | | | | |
| Table I - Non-Deri 1. Title of Security (Instr. 3) 2. Transplate (Month/It | | | | | ction | 2A. Exe | 2A. Deemed Execution Date, | | 3. Transaction Code (Instr. | | 4. Securities Acquired (A) o Disposed Of (D) (Instr. 3, 4 a | | l (A) or | 5. Amount of | | Form: (D) or | n: Direct or Indirect | 7. Nature of Indirect Beneficial Ownership | |
| | | | | | (, | | Code | v | Amount | (A) or (D) | Price | Repoi | | | | Instr. 4) | | | |
| Common Stock | | | 11/09 | 1/09/2011 | | | | М | | 5,000 | A | \$2.92 | 13 | 5,000 | | D | | | |
| Common Stock | | | 11/09/2011 | | | | | S | | 5,000 | D | \$21.00 | 71 | 0 | | D | | | |
| Common Stock | | | 11/11/2011 | | | | | M | | 5,000 | A | \$2.92 | .3 5,000 | | | D | | | |
| Common Stock 1 | | | 11/11 | /2011 | | | | S | | 5,000 | D | \$21.54 | 23 0 | | D | | | | |
| | | 1 | able II | | | | | | | | posed of converti | | | y Owned | | | | | |
| 1. Title of Derivative Security (Instr. 3) | ve Conversion Date Execution Date or Exercise (Month/Day/Year) if any | | on Date, | 4. Transaction Code (Inst | | | | 6. Date Exercis Expiration Date (Month/Day/Yea | | te | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | 8. Price o Derivativ Security (Instr. 5) | | e s Illy | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | Code | v | (A) | (D) | Date Exercisa | able | Expiration Date | Title | Amount or Number of Shares | | | | | | |
| Stock Option (Right to Buy) | \$2.9213 | 11/09/2011 | | | M | | | 5,000 | (1) | | 06/30/2017 | Common Stock | 5,000 | \$0.00 | 116,62 | 23 | D | | |
| Stock Option (Right to | \$2.9213 | 11/11/2011 | | | M | | | 5,000 | (1) | | 06/30/2007 | Common Stock | 5,000 | \$0.00 | 111,62 | .3 | D | | |

Explanation of Responses:

1. This Option vests as to (i) 1/4th of the Shares subject to this Option on July 1, 2008 and (ii) 1/36th of the remaining Shares subject to this Option on the 1st day of each month, commencing on August 1, 2008.

Remarks:

/s/ James R. DeBuse, attorney-

11/14/2011

in-fact

** 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.