FORM 4

Check this box if no longe

Section 16. Form 4 or For obligations may continue.

Instruction 1(b).

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549	

r subject to	
m 5	
See	

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL OMB Number: 3235-0287 Estimated average burden 0.5 hours per response:

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* Ward Anne Sempowski						2. Issuer Name and Ticker or Trading Symbol SPS COMMERCE INC [SPSC]								(Cr	Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner					
(Last)	`	,	(Middle)		3. Date of Earliest Transaction (Month/Day/Year) 05/12/2023										give title		Other (s below)			
333 SOUTH SEVENTH STREET SUITE 1000				4. If A	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)						
(Street)															X Form	filed by One	Rep	orting Perso	on	
	APOLIS M	N !	55402												Form f		e tha	n One Repo	orting	
(City) (State) (Zip)				Ru	Rule 10b5-1(c) Transaction Indication															
					Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.															
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
1. Title of Security (Instr. 3) 2. Transac Date (Month/Da				ey/Year) Exec		A. Deemed Execution Date, f any Month/Day/Year)		Transaction Code (Instr.		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 5)			Benefic Owned	ies Foillowing (I)		n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership			
									Code	v	Amount	(A) or)	Price	Reporte Transac (Instr. 3	tion(s)			(Instr. 4)	
Common Stock 05/12			/2023	/2023			A		585 ⁽¹⁾ A		\$0.0	0 2,	2,359		D					
		Ta							uired, D						y Owned					
1. Title of Derivative Conversion or Exercise Price of Derivative Security (Instr. 3) 2. Conversion Date Execution Date if any (Month/Day/Year) Derivative Security 3. Transaction Date Execution Date if any (Month/Day/Year)		n Date,	4. Transactio Code (Inst 8)				6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)			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		opiration ate	Title	O N O	lumber						
Stock Option (right to	\$155.72	05/12/2023			A		1,466		(2)	05	5/12/2030	Commo		1,466	\$0.00	1,466		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, 2023, provided the recipient remains a member of the board as of the vesting date.
- 2. This option shall vest in four equal installments on the last day of each fiscal quarter with the first vesting occurring on June 30, 2023, provided the reporting person remains a member of the board as of the vesting date.

Remarks:

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

05/16/2023

Sempowski Ward

** 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.