FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL								
OMB Number: 3235-0								
Estimated average burden								
hours per response	e: 0.5							

	Check this box if no longer subject
$\overline{}$	to Section 16. Form 4 or Form 5
	obligations may continue. See
	Instruction 1(b).

## 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

							- ()				прапу же с									
Name and Address of Reporting Person*     Gawlick Rainer					2. Issuer Name <b>and</b> Ticker or Trading Symbol Proto Labs Inc [ PRLB ]										5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
Guwiic	<u> </u>				<u> </u>									<b>-</b>	C Direct	tor		10% Ov	vner	
(Last) (First) (Middle)					3. Date of Earliest Transaction (Month/Day/Year) 05/17/2023										Office below	er (give title v)		Other (s	specify	
5540 PIONEER CREEK DRIVE					4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)						
(Ctroot)														X Form filed by One Reporting Person						
(Street)  MAPLE	PLAIN M	N 5	5359													Form filed by More than One Reporting Person				
(City)	(St	ate) (2	Zip)		Rule	e 10	)b5-	1(c)	Trans	sac	tion Ind	icat	tion							
Check this box to indicate that a transaction was made pursuant to a contract, instruction or written satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.									itten pla	an that is int	ended to									
		Table	I - No	n-Deriva	tive S	ecur	ities	Acq	uired,	Dis	osed of	, or	Ben	eficia	lly Owr	ned	1			
1. Title of Security (Instr. 3)  2. Transact Date (Month/Day				Execution Date,			Oate,	Transaction Disposed Code (Instr. and 5)		ties Acquired (A d Of (D) (Instr. 3			5. Amo Securi Benefi Owned Follow	ties cially I ring	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		rted action(s) 3 and 4)					
Common Stock 05/17/2					2023			A		4,513 <sup>(1)</sup>	<b>4,</b> 513 <sup>(1)</sup>		\$ <mark>0</mark>	33,528			D			
	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)	vative Conversion Date Execution Date, urity or Exercise (Month/Day/Year) if any			tion Date,	4. Transaction Code (Instr. 8)		5. Numl of Deriv Secu Acqu (A) or Dispo of (D) (Instr	ative rities ired osed	6. Date E Expiratio (Month/E	n Da		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and		S (I	. Price of perivative security nstr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	Own Forn Direct or In (I) (Ir	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Code	v	(A)	(D)	Date Exercisa	ble	Expiration Date	Title	Amo or Num of Shar	ber							

## Explanation of Responses:

1. Deferred stock units that vest in full on the earlier of the first anniversary of the grant date or the date of the 2024 annual meeting of shareholders of Proto Labs, Inc. (the "Company"), but must be retained by the reporting person until the completion of the reporting person's service on the Company's Board of Directors.

/s/ W. Morgan Burns, Attorney-in-Fact

05/19/2023

\*\* Signature of Reporting Person Date

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

- $^{\star}$  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.