FORM 3

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF **SECURITIES**

OMB APPROVAL									
OMB Number:	3235-0104								
Estimated average burden									
hours per response	e: 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*  KRANTZ DONALD G  2. Date of Event Requiring Statement (Month/Day/Year) 05/18/2017			nent	3. Issuer Name <b>and</b> Ticker or Trading Symbol Proto Labs Inc [ PRLB ]							
(Last) 5540 PIONEE	(First) ER CREEK DR	(Middle)			Relationship of Reporting Pers (Check all applicable)     X Director		on(s) to Issuer		5. If Amendment, Date of Original Filed (Month/Day/Year)		
(Street) MAPLE PLAIN (City)	MN (State)	55359 (Zip)				Officer (give title below)	Other (spe below)	cify		icable Line) Form filed by	/Group Filing (Check y One Reporting Person y More than One erson
Table I - Non-Derivative Securities Beneficially Owned											
1. Title of Security (Instr. 4)					2. Amount of Securities 3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)		ct (D)	4. Nature of Indirect Beneficial Ownership (Instr. 5)			
Common Stock						7,132	D				
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)											
1. Title of Derivative Security (Instr. 4)  2. Date Exercisable a Expiration Date (Month/Day/Year)			ate	nd 3. Title and Amount of Secur Underlying Derivative Secur		ity (Instr. 4) Conve		rcise	5. Ownership Form:	6. Nature of Indirect Beneficial Ownership (Instr. 5)	
			Date Exercisable	Expiratio Date	n Title	e	Amount or Number of Shares	Price of Derivation Securi	tive	Direct (D) or Indirect (I) (Instr. 5)	

**Explanation of Responses:** 

/s/ W. Morgan Burns, attorney-05/22/2017

\*\* 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 5 (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.