FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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* Bodor Robert						Proto Labs Inc [PRLB]									all appli Directo			10% Ov	vner	
(Last) (First) (Middle) 5540 PIONEER CREEK DRIVE						3. Date of Earliest Transaction (Month/Day/Year) 08/30/2018								X	Officer below) VP/G	Other (s below) America	·			
(Street) MAPLE PLAIN MN 55359 (City) (State) (Zip)					4.1	4. If Amendment, Date of Original Filed (Month/Day/Year)									Individual or Joint/Group Filing (Check Applicable ne) X Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City)																				
Table I - Non-Deriva 1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Yo				ion	2A. Deemed Execution Da			3. Transa Code (1	ction	4. Securities Disposed Of		5. Amo Securit Benefic Owned	unt of ies ially Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership				
								Ì	Code	v	Amount	(A) or (D)	Price		Reporte Transac (Instr. 3	ction(s)			(Instr. 4)	
Common Stock 08/30/20					018	8			M ⁽¹⁾		3,528	Α	\$78	3.59	23	,283	D			
Common Stock 08/30/201					018				M ⁽¹⁾		907	A	\$58	3.35	24	,190	D			
Common Stock 08/30/201					018	8			S ⁽²⁾		4,435	D	\$150.1978 ⁽³⁾		19	19,755				
		7	able								sposed of				wned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	Execu if any	eemed ution Date,	4. Transa	5. Nu of Deriv Secu Acqui (A) oi Dispo of (D)		umber vative urities uired or oosed O) tr. 3, 4	ber 6. Date Expiratio (Month/Dies ed		cisable and Date	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. D Se	Price of erivative ecurity 1str. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	Ownershi Form: Direct (D) or Indirec (I) (Instr. 4		11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exerc	cisable	Expiration Date	Title	Amo or Num of Sha	nber						
Employee Stock Option (right to buy)	\$78.59	08/30/2018			M ⁽¹⁾			3,528	((4)	02/13/2024	Commo Stock		528	\$0	1,632		D		
Employee Stock Option (right to	\$58.35	08/30/2018			M ⁽¹⁾			907		(5)	02/13/2027	Commo Stock		07	\$0	3,628		D		

Explanation of Responses:

buy)

- 1. Stock option exercise effected pursuant to a Rule 10b5-1 trading plan adopted by the reporting person on March 8, 2018.
- $2. \ Sale\ effected\ pursuant\ to\ a\ Rule\ 10b5-1\ trading\ plan\ adopted\ by\ the\ reporting\ person\ on\ March\ 8,\ 2018.$
- 3. Reflects the weighted average price of 4,435 shares of common stock of Proto Labs, Inc. sold by the reporting person on August 30, 2018 with sale prices ranging from \$150.00 to \$150.70 per share. The reporting person undertakes to provide upon request by the U.S. Securities and Exchange Commission staff, the Issuer, or a security holder of the Issuer, full information regarding the number of shares sold at each separate price.
- 4. The option vests as to 20% of the shares in five annual installments beginning on February 13, 2015.
- $5. \ The \ option \ vests \ as \ to \ 20\% \ of \ the \ shares \ in \ five \ annual \ installments \ beginning \ on \ February \ 13, \ 2018.$

/s/ Samuel A. Rosenbaum, 09/04/2018 Attorney-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.