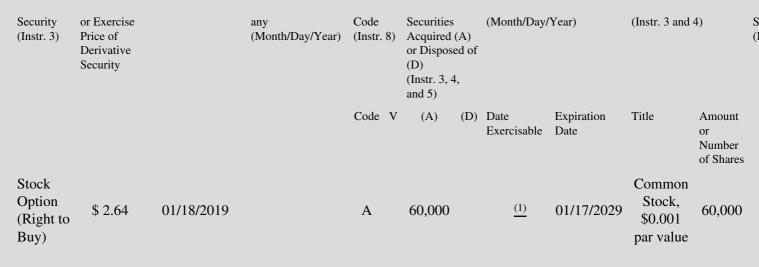
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Kowalsky Ma Form 4	atthew Paul								
January 23, 20	019								
								OMB APPROVAL	
Washington, D.C. 20549							N OMB Number:	3235-0287	
	Check this box if no longer CTLATED (TENTE OF CHANGES IN DEDIFICIAL ON DEDITION OF						Expires:	January 31, 2005	
subject to Section 16. SECURITIES Form 4 or							Estimated burden ho	Estimated average burden hours per response 0.5	
Form 5 obligation may contin <i>See</i> Instruct 1(b).	s Section 17((a) of the l	Public U	Jtility Ho	lding Cor		nge Act of 1934, a of 1935 or Secti 1940		
(Print or Type R	esponses)								
1. Name and Ac Kowalsky M	Person [*]	2. Issuer Name and Ticker or Trading Symbol PROTEON THERAPEUTICS INC [PRTO]				5. Relationship of Reporting Person(s) to Issuer			
						(Check all applicable)			
			3. Date of Earliest Transaction (Month/Day/Year)			Director 10% Owner X Officer (give title Other (specify			
C/O PROTE INC., 200 W	UTICS,	01/18/2019			below) below) VP, Legal and Secretary				
	4. If Amendment, Date Original Filed(Month/Day/Year)			 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting 					
WALTHAM	I, MA 02451						Person		1 6
(City)	(State)	(Zip)	Tal	ole I - Non	-Derivative	Securities A	Acquired, Disposed	of, or Beneficia	ally Owned
	2. Transaction Date Month/Day/Year)	Execution any	Date, if	Code	4. Securit onAcquired Disposed (Instr. 3, 4	(A) or of (D)	Beneficially Owned Following Reported Transaction(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code V	Amount	(D) Price	(Instr. 3 and 4)		
Reminder: Repo	ort on a separate line	e for each cl	ass of sec	urities ben	eficially ow	ned directly	or indirectly.		
ľ	·				Perso inform requir	ns who re nation con red to resp ays a curre	spond to the colle tained in this forn ond unless the fo ntly valid OMB co	n are not rm	SEC 1474 (9-02)
	Tab					posed of, or convertible	Beneficially Owned securities)	1	

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5. Number of	6. Date Exercisable and	7. Title and Amount of	f 8
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transacti	orDerivative	Expiration Date	Underlying Securities	D

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Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
Kowalsky Matthew Paul C/O PROTEON THERAPEUTICS, INC. 200 WEST STREET WALTHAM, MA 02451			VP, Legal and Secretary				
Signatures							
/s/ George A. Eldridge, attorney-in-fact	01/23/2019						
**Signature of Reporting Person	Date						
Evaluation of Decanona	001						

Explanation of Responses:

- * 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).
- (1) The options were granted on January 18, 2019 and the shares underlying this option vest 25% on the first anniversary of the grant date and the remaining shares vest in twelve equal quarterly installments.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.