SEC Form 3

FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APPROVAL

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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 Add <u>Wimberly</u>		2. Date of Event Requiring Staten (Month/Day/Year 05/23/2018	Statement ay/Year) PERFICIENT INC [PRFT]								
(Last) (First) (Middle) 555 MARYVILLE UNIVERSITY DRIVE SUITE 500				4. Relationship of Reporting Perso (Check all applicable) X Director		10% Owner		 5. If Amendment, Date of Original Filed (Month/Day/Year) 6. Individual or Joint/Group Filing (Check 			
(Street) ST. LOUIS	MO (State)	63141 (Zip)				Officer (give title below)	Other (spe below)		Applicable I X For For	Line) m filed b	y One Reporting Person y More than One
Table I - Non-Derivative Securities Beneficially Owned											
1. Title of Security (Instr. 4)						nt of Securities ally Owned (Instr. 4)			4. Nature of Indirect Beneficial Ownership (Instr. 5)		
Common Stock						9,871	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 and Expiration Date (Month/Day/Year)		3. Title and Amount of Securit Underlying Derivative Securit		ty (Instr. 4) Conve or Exe		se Form	5. Ownership Form: Direct (D)	6. Nature of Indirect Beneficial Ownership (Instr. 5)
Explanation of R			Date Exercisable	Expiratior Date	n Title		Amount or Number of Shares	Price of Derivativ Security	e or Ind	direct Istr. 5)	

Remarks:

Gary Wimberly

** Signature of Reporting Person

05/25/2018 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.