FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
OMB Number:	3235-0287								
Estimated average burden									

0.5

hours per response:

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

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*					2. Issuer Name and Ticker or Trading Symbol PERFICIENT INC [PRFT]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
<u>DAVIS JEFFREY S</u>					-									Directo	r		10% Ov	vner	
					- L										(give title		Other (s	specify	
(Last) (First) (Middle)						3. Date of Earliest Transaction (Month/Day/Year)								below)			below)		
					04	04/18/2005								C00					
622 EMERSON ROAD																			
SUITE 400						If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable					
						4. II Amendment, Date of Original Filed (Month/Day/Year)								Line)					
(Street)														•	led by One	Repo	rting Perso	, I	
ST. LOUIS MO 63141												Form filed by More than One Reporting							
					-									Person		e man	One Repor	urig	
(City)	(S	tate)	(Zip)																
		Tal	ole I - Nor	n-Der	ivativ	e Se	curitie	s Ac	quired,	Dis	posed o	f, or Bei	neficiall	y Owned					
1. Title of Security (Instr. 3) 2. Transa						ction 2A. Deemed				3. 4. Securities Acquired (A)				5. Amou	nt of	6. Ownership		7. Nature of	
				Date	Date		Execution Date,		, Transaction		Disposed Of (D) (Instr. 3, 4			Securitie	s Forn		n: Direct	Indirect	
(Mon				(Monti	h/Day/Y		if any (Month/Day/Year)		Code (Instr.		5)			Beneficia Owned F			or Indirect nstr. 4)	Beneficial Ownership (Instr. 4)	
							(World W Day Tear)		, 0)					- Reported	ı ĭ	(,, (
								Code	v	Amount	(A) or (D)	Price	Transact (Instr. 3 a						
											-	(6)		(IIISti. 5 c					
Common Stock 04/18/					18/200	/2005		M		20,000	20,000 A		149,735			D			
			Table II -	Deriv	ative	Sec	urities	Aca	uired. D	ispo	osed of.	or Bene	ficially	Owned					
											onvertik								
1. Title of 2. 3. Transaction 3A. Deemed 4.			4.		5. Numb	5. Number 6.		6. Date Exercisable and 7. Title		7. Title an	d Amount	8. Price of	of 9. Number		10.	11. Nature			
Derivative	Conversion	Date	Execution Dail if any (Month/Day/	·	Transaction Code (Instr. 8)		on of		Expiration					Derivative	derivative		Ownership		
Security (Instr. 3)	or Exercise Price of	(Month/Day/Year)							(Month/Da	y/Yea	r)	Underlyin Derivative		Security (Instr. 5)	Securities Beneficially Owned		Form: Direct (D) or Indirect		
(1115111 0)	Derivative				٥,		Acquired				(Instr. 3 and 4)			(
	Security						(A) or Dispose	٦						Following Reported	'	(I) (Instr. 4)			
							of (D) (Instr.								Transaction(s	on(s)	,		
							3, 4 and 5)								(Instr. 4)				
													Amount	1				1	
													or .						
									Date		Expiration		Number of						
					Code	v	(A)	(D)	Exercisabl		Date	Title	Shares						
Employee										\neg									
Stock		l					I					Common]	l			_		
Option (right to buy)	\$1.15	04/18/2005			M		20,000		07/01/2003	(1)	06/25/2012	Stock	20,000	\$1.15	65,00	0	D		

Explanation of Responses:

1. 1/3 of the option grant is exercisable on Date Exercisable in the table above and the remainder is exercisable ratably over the subsequent 8 quarters.

Jeffrey S. Davis

04/18/2005

** 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.