Edgar Filing: PERFICIENT INC - Form 5

| PERFICIEN | T INC | | | | | | | | | | |
|--|---|---|--|---|----------------|-----------|---|--|---|--|--|
| Form 5 | | | | | | | | | | | |
| February 13, | 2013 | | | | | | | | | | |
| FORM | 15 | | | | | | | | PPROVAL | | |
| Check this | RITIES AND EXCHANGE COMMISSIO shington, D.C. 20549 | | | OMMISSION | OMB Number: | 3235-0362 | | | | | |
| no longer s | subject | V V CL | Jiiiigton, D | | | | | Expires: | January 31 2005 | | |
| | | | ENT OF CHANGES IN BENEFICIAL RSHIP OF SECURITIES | | | | | Estimated average burden hours per response 1.0 | | | |
| <i>See</i> Instruc 1(b). Form 3 Ho Reported Form 4 Transactio Reported | Filed pur Endings Section 17(| suant to Section 1 a) of the Public U 30(h) of the In | tility Holdin | g Compa | iny A | ct of | 1935 or Sectio | n | | | |
| LUNDEEN DAVID S Symbol | | | er Name and Ticker or Trading bl FICIENT INC [PRFT] | | | | 5. Relationship of Reporting Person(s) to Issuer | | | | |
| (Last) | (Last) (First) (Middle) 3.5 | | | 3. Statement for Issuer's Fiscal Year Ended | | | (Chec | k all applicable | e) | | |
| | | | nth/Day/Year) | | | | X_ Director 10% Owner Officer (give title Other (specify | | | | |
| 1120 S CAP BLDG 3 SU | PITAL OF TX HV JITE 22 | 12/31/2 WY | 012 | | | i | below) | below) | er (specify | | |
| | (Street) | | 4. If Amendment, Date Original Filed(Month/Day/Year) | | | 1 | 6. Individual or Joint/Group Reporting | | | | |
| | | | | | | | (chec | k applicable line |) | | |
| AUSTIN,Â | TXÂ 78746 | | | | | | _X_ Form Filed by | One Reporting P | erson | | |
| | | | | | | | | More than One R | | | |
| (City) | (State) | (Zip) Tabl | e I - Non-Deri | vative Sec | uritie | s Acqu | ired, Disposed of | f, or Beneficial | lly Owned | | |
| 1.Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | | 3. Transaction Code (Instr. 8) | 4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) (A) or Amount (D) Price | |) | 5. Amount of Securities Beneficially Owned at end | 6. Ownership Form: Direct (D) or Indirect (I) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | | Price | of Issuer's Fiscal Year (Instr. 3 and 4) | (Instr. 4) | | | |
| Common | 12/31/2012 | Â | G4 | 1,000 | D | \$0 | 66,957 <u>(1)</u> | D | Â | | |

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

Persons who respond to the collection of information SE contained in this form are not required to respond unless the form displays a currently valid OMB control number.

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

(9-02)

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| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. Transaction Code (Instr. 8) | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | | ate | Amou Unde Secur | rlying | 8. Price of Derivative Security (Instr. 5) | |
|---|---|---|---|---|---|---------------------|--------------------|-----------------------|--|---|--|
| | | | | | (A) (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | |

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | | |
|---|---------------|-----------|---------|-------|--|--|
| | Director | 10% Owner | Officer | Other | | |
| LUNDEEN DAVID S 1120 S CAPITAL OF TX HWY BLDG 3 SUITE 22 AUSTIN, TX 78746 | X | Â | Â | Â | | |
| Signatures | | | | | | |

S

**Signature of

Reporting Person

David S 02/13/2013 Lundeen

Date

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 total securities owned in Tables I and II are 66,957.

Note: File three copies of this Form, one of which must be manually signed. If space provided 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.