FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPROVAL					
MB Number:	3235-0287				
stimated average burden					
ours per response.	0.5				

longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

(pe Response	,,,												
I. Name and Address of Reporting Person * SCHWARTZ JEFFREY A (Last) (First) (Middle) C/O U.S. AUTO PARTS NETWORK, INC., 17150 SOUTH MARGAY AVENUE		Issuer Name and Ticker or Trading Symbol U.S. Auto Parts Network, Inc. [PRTS] Date of Earliest Transaction (Month/Day/Year) 06/02/2011					5. Relationship of Reporting Person(s) to Issuer (Check all applicable) _X_ Director							
(Street) CARSON, CA 90746 (City) (State) (Zip)				4. If Amendment, Date Original Filed(Month/Day/Year)					_X_ F	6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person				
1. Title of Security 2. Transaction								ired, Disposed of, or Beneficially Owned 5. Amount of Securities Beneficially 6. 7. Nature						
(Instr. 3)			Date (Month/Day/Year) any	xecution Date, ny Month/Day/Yea	(Inst		A) or Disposed on on the control of	Trans	saction(s)				Indirect eneficial wnership
				(MOHIII	1/Day/ 1		ode V A	(A) or (D)	Price	str. 3 and 4)		o: (I	Indirect (In	
Reminder:	Report on a	separate fine for eac			, 0		in this	s who respon orm are not r	equired to	respond	unless the		ed SEC 14	74 (9-02)
Reminder:	Report on a	separate fine for eac			ive Secu		in this display	orm are not r s a currently sed of, or Bene	equired to valid OMB ficially Owr	respond control n	unless the		ed SEC 14	74 (9-02)
1. Title of	2. Conversion	3. Transaction	Table II - 3A. Deemed Execution Date, if	4. Transact	ive Secuts, calls, 5. N tion of Dec O Secution (A) Dis (D)	Number rivative curities quired or posed of str. 3, 4,	in this display	form are not rest a currently sed of, or Bene exertible securisable and ate	equired to valid OMB ficially Owr	respond control n	unless the number.		10. Ownership Form of Derivative Security: Direct (D) or Indirect	11. Natur of Indire Beneficia
1. Title of Derivative Security	2. Conversion or Exercise Price of Derivative	3. Transaction	Table II - 3A. Deemed Execution Date, if any	4. Transact	ive Secuts, calls, 5. N tion of Der Der Acc (A) Dis (D) (Ins	Number vivative varies quired or posed of str. 3, 4, 5)	in this display quired, Disposs, options, co 6. Date Exerence Expiration D	form are not rest a currently sed of, or Bene exertible securisable and ate	ficially Own ties) 7. Title ar Amount of Underlying Securities	respond control n ned and of	8. Price of Derivative Security	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s	10. Ownership Form of Derivative Security: Direct (D) or Indirect	11. Natur of Indire Beneficia Ownersh

Reporting Owners

D (1 0 N /41)	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
SCHWARTZ JEFFREY A C/O U.S. AUTO PARTS NETWORK, INC. 17150 SOUTH MARGAY AVENUE CARSON, CA 90746	х					

Signatures

/s/ Bryan P. Stevenson, as Attorney-in-Fact for Jeffrey A. Schwartz		06/03/2011	
**Signature of Reporting Person		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) Granted pursuant to the U.S. Auto Parts Network, Inc. 2007 Omnibus Incentive Plan.
- (2) Thirty-three percent (33%) of the option shares vest and become exercisable upon the first anniversary of the date of grant, and thereafter the balance of the option shares vest and become exercisable in a series of twenty-four equal monthly installments over the two year period measured from the one year anniversary of the date of grant.

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.