FORM 4

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

OMB APPROVAL						
MB Number: 3235-0						
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

(Print or Ty	pe Response	es)														
1. Name and Address of Reporting Person *- MAJTELES ROBERT J				1	2. Issuer Name and Ticker or Trading Symbol							5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
(Last) (First) (Middle)			_	U.S. Auto Parts Network, Inc. [PRTS] 3. Date of Earliest Transaction (Month/Day/Year)							Director Officer (give	title below)	10% (Other	Owner (specify below)		
	AUTO PA N AVENU	ARTS NETWORI E	K, INC.,, 1694	11 (05/20/2	2015	5									
(Street)			4	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					
CARSON, CA 90746										For	Form filed by More than One Reporting Person					
(Cit	ty)	(State)	(Zip)				Ta	ble	I - Non-Derivativ	ve Securities A	Acquired, I	Disposed	of, or Bene	ficially Owned	l	
1.Title of S (Instr. 3)	Security		2. Transaction Date (Month/Day/Y		any	tion	Date, if	Code (Inst	e (A) o	curities Acquiror Disposed of r. 3, 4 and 5) (A) or (D) F	(D) Owne Transa		ecurities Be ng Reported	d O Fo	wnership orm: irect (D) Indirect (Ir	Nature Indirect eneficial wnership astr. 4)
Reminder	Report on a	senarate line for eac	h class of securi	ties 1	henefici	ally i	owned di	rect1	y or indirectly							
Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly. Persons who respond to the collection of information contained SEC 1474 (9-02) in this form are not required to respond unless the form displays a currently valid OMB control number.																
			Table						quired, Disposed ts, options, conve			ed				
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)		Code		of		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)			9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	Form of Derivative Security: Direct (D) or Indirect	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				
Stock Options (right to buy) (1)	\$ 2.33	05/20/2015			A		20,000		05/20/2016(2)	05/19/2025	Common Stock	20,000	\$ 0	555,000	D	
Stock Options (right to buy) (1)	\$ 2.33	05/20/2015			A		20,000		05/20/2016 ⁽²⁾	05/19/2025	Common Stock	20,000	\$ 0	575,000	D	
Repor	rting O	wners														
Reporting Owner Name / Address Director				ctor	Relationships or 10% Owner Offi			er (Other							
MAJTELES ROBERT J C/O U.S. AUTO PARTS NETWORK, INC., 16941 KEEGAN AVENUE CARSON, CA 90746			X													

Signatures

/s/ Bryan P. Stevenson, as Attorney-in-Fact for Robert J. Majteles	05/20/2015
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 excercisable 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.	