FORM 4

Washington, D.C. 20549 STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

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

OMB APPROVAL					
OMB Number:	3235-0287				
Estimated average burden					
hours per response.	0.5				

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

	pe Response													
Name and Address of Reporting Person * Coleman Aaron			U.S. Auto Parts Network, Inc. [PRTS] 3. Date of Earliest Transaction (Month/Day/Year) 01/25/2017					5.	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director X Officer (give title below) Other (specify below) President and COO 6. Individual or Joint/Group Filing(Check Applicable Line) _X_Form filed by One Reporting Person Form filed by More than One Reporting Person					
(Last) (First) (Middle) C/O US AUTO PARTS NETWORK, INC., 16941 KEEGAN AVENUE													7)	
(Street)													ne)	
CARSON	N, CA 9074	46								Form filed by	More than One	Reporting Person		
(Cit	y)	(State)	(Zip)		Т	able I -	Non-Deriva	tive Securitie	s Acquir	ed, Disposed	of, or Ben	eficially Own	ied	
1.Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Year			2A. Deemed Execution Date, if any (Month/Day/Year)		Code (Instr.	(A) or Disposed of (I		of (D) O T	5. Amount of Second Owned Followin Transaction(s) (Instr. 3 and 4)		ed 0	Ownership of Form:	'. Nature of Indirect Beneficial Ownership	
				(IVIOITUI) L	ouy, i cui	Cod	e V At	(A) or (D)	Price	or Indirect (I)		or Indirect (I)	Instr. 4)	
Reminder:								who respo						474 (9-02)
Reminder:							contain form dis	ed in this for splays a curr sed of, or Ben	rm are n rently va	not required alid OMB co	l to respo	nd unless tl		171 (> 02)
1. Title of	Conversion	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if	4. Transact	5. N tion of Deri Secu Acq (A) o Disp (D)	vative arities uired or cosed of r. 3, 4,	form dis ired, Dispo	ed in this for splays a currence of, or Ben avertible secure or cisable and Date	rm are n rently va	oot required alid OMB co	I to respondent on trol numbers of the second of the secon	nd unless tl	f 10. Ownershi Form of Derivativ Security: Direct (D or Indirec	11. Natur of Indirec Beneficia Ownersh (Instr. 4)
1. Title of Derivative Security	Conversion or Exercise Price of Derivative	Date	3A. Deemed Execution Date, if any	4. Transact	tion of Deri Secu Acque (A) of Disp (D) (Inst	varive prities uired for posed of r. 3, 4, 5)	contain form district, Disposoptions, core of Date Exe Expiration (Month/Date Exercisable Exercisable	ed in this for splays a current seed of, or Ben exertible secure recisable and Date y/Year)	rm are n rently va reficially (rities) 7. Title : Amount Underly Securities	oot required alid OMB co	8. Price of Derivative Security	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(f 10. Ownershi Form of Derivativ. Security: Direct (D or Indirects)	11. Naturity of Indire Beneficial Ownersh (Instr. 4)

Reporting Owners

Barrandina Oroman Nama / Addusa	Relationships				
Reporting Owner Name / Address	Director	10% Owner	Officer	Other	
Coleman Aaron C/O US AUTO PARTS NETWORK, INC. 16941 KEEGAN AVENUE CARSON, CA 90746			President and COO		

Signatures

Aaron Coleman	01/26/2017
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. 2016 Equity Incentive Plan.
- (2) Twenty-five percent of the shares of stock subject to the option vest on the first anniversary of the grant date, and the remainder will vest in equal monthly installments thereafter over the subsequent three years, subject to Mr. Coleman's service to the Company through such dates.

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.