FORM 4

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

OMB APPROVAL
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Check this box if no 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

1. Name ar														
Name and Address of Reporting Person * Proman Matthew B.				2. Issuer Name and Ticker or Trading Symbol Professional Diversity Network, Inc. [IPDN]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director X 10% Owner				
(Last) (First) (Middle) 1325 FRANKLIN AVENUE, SUITE 160			3. Date of Earlies 05/02/2016	3. Date of Earliest Transaction (Month/Day/Year) 05/02/2016				-		er (give title belo		Other (specify b	elow)	
(Street) GARDEN CITY, NY 11530				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 _Form filed by More than One Reporting Person					
(City		(State)	(Zip)	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Own					Owned					
1.Title of Security (Instr. 3)]	2. Transaction Date (Month/Day/Year)		Code (Instr. 8)		4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported Transaction(s)		Ownership of Form:	Beneficial	
				(Month/Day/Year)	Code	V	Amoun	(A) or (D)	Price	(Instr. 3	and 4)		Direct (D) or Indirect (I) (Instr. 4)	Ownership (Instr. 4)
Common	Stock		05/02/2016		S		3,055,0	00 D	\$ 0.6	2,298,2	225		D	
Reminder: indirectly.	Report on a	separate line f	for each class of sec	urities beneficially	owned dir	ectly	or							
											ection of in			EC 1474 (9-
				Derivative Securit		the	ntained ir form dis Disposed o	this for plays a	m are curre eficial	not req	uired to re d OMB cor	spond un	less	EC 1474 (9- 02)

Reporting Owners

Daniel Carron Name / Addings	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
Proman Matthew B. 1325 FRANKLIN AVENUE, SUITE 160 GARDEN CITY, NY 11530		X				

Signatures

/s/ Matthew B. Proman	05/13/2016
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).

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.