# FORM 4

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

OMB APPR	OVAL
OMB Number:	3235-0287
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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).

(Print or Type Responses)

#### 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 and Address of Reporting Person – Martinez Rudy  (Last) (First) (Middle) C/O PROFESSIONAL DIVERSITY NETWORK,			S. Issuer Name and Ticker or Trading Symbol     Professional Diversity Network, Inc. [IPDN]     3. Date of Earliest Transaction (Month/Day/Year)							5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director X Officer (give title below) Executive Vice President					
		AL DIVERSITY DAMS STREET	′ '	03/31/20	)14							Execut	ive vice Pre	sident	
(Street) CHICAGO, IL 60607			4. If Amendment, Date Original Filed(Month/Day/Year)						_X_	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 Acqui						Acquired	ired, Disposed of, or Beneficially Owned					
1.Title of S (Instr. 3)	1.Title of Security (Instr. 3)  2. Transaction Date (Month/Day/Year		2A. Deemed Execution Date, i) any (Month/Day/Yea		te, if Co (In	(Instr. 8)		4. Securities Acquires (A) or Disposed of (I) (Instr. 3, 4 and 5)  (A) or Amount (D) Price		O) Owned Following Repartment Transaction(s) (Instr. 3 and 4)		-	Ownership Form: Direct (D)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Reminder:	Report on a	separate line for each	Table II - I	Derivativo	e Sec	urities A	<b>L</b> cqu	Persons containe form dis	who responed in this formula plays a curred of, or Benevertible secur	m are not ently vali eficially O	t require d OMB c	d to respo	nd unless		1474 (9-02)
1. Title of	2.	xercise (Month/Day/Year) any (Month/Day/Year) (Month/Day/Year)	1	4. 5 Transaction c Code I (Instr. 8) 5				1			7. Title and Amount of Jnderlying		9. Number of Derivative Securities Beneficially Owned Following Reported Transaction ((Instr. 4)		
Derivative Security (Instr. 3)	Conversion	Date	Execution Date, if	Transac Code	tion	Derivation Securities Acquired (A) or Disposed (D) (Instr. 3,	ve es d	Expiration (Month/Day		Amount of Underlyin Securities	of ng		Derivative Securities Beneficiall Owned Following Reported Transaction	Owners Form of Derivati Security Direct ( or Indire	ve Ownershi (Instr. 4) D)
Security	Conversion or Exercise Price of Derivative	Date	Execution Date, if any	Transac Code	tion	of Derivative Securities Acquired (A) or Disposed (D)	ve es d	Expiration	Date //Year)  Expiration	Amount of Underlyin Securities	of ng	Derivative Security (Instr. 5)	Derivative Securities Beneficiall Owned Following Reported Transaction	Owners Form of Derivati Security Direct ( or Indirect)	hip of Indirect Beneficia Ownershi (Instr. 4)

	Danastina Commun Nama / Addusa	Relationships					
	Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
8	Martinez Rudy C/O PROFESSIONAL DIVERSITY NETWORK, INC. 01 WEST ADAMS STREET, SUITE 600 CHICAGO, IL 60607			Executive Vice President			

### **Signatures**

/S/ David Mecklenburger	04/02/2014
**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) One-third of these options vest on the first anniversary of the grant date (March 31, 2014). One third of these options vest on the second anniversary of such grant date. The remaining third of the options vest on the third anniversary of the grant date.

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.