FORM 4

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

OMB APPROVAL				
MB Number:	3235-0287			
stimated average burden				
ours per response	9 0.5			

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 and Address of Reporting Person *- Sullivan Daniel M			2. Issuer Name and Ticker or Trading Symbol Professional Diversity Network, Inc. [IPDN]					5. R	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner						
(Last) (First) (Middle) C/O PROFESSIONAL DIVERSITY NETWORK, INC., 801 WEST ADAMS STREET, SUITE 600				3. Date of Earliest Transaction (Month/Day/Year) 03/31/2014					X	X Officer (give title below) Other (specify below) Chief Revenue Officer					
(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					
(Cit		(State)	(Zip)			Table	e I - 1	Non-Deriva	tive Securities	Acquired	, Dispose	d of, or Ben	neficially Ow	ned	
1.Title of S (Instr. 3)	1. Title of Security Instr. 3) 2. Transaction Date (Month/Day/Year)		2A. Deemed 3. Execution Date, if C		Code (Instr. 8) (I		or Disposed of str. 3, 4 and 5) (A) or	Disposed of (D) 3, 4 and 5) (A) or (A) or		mount of Securities Beneficially		Ownership Form: Direct (D)	7. Nature of Indirect Beneficial Ownership Instr. 4)		
Reminder:	Report on a	separate line for each		Derivativ	e Sec	curities A	Acqu	Persons containe form dis	y. who responed in this formula plays a currented of, or Benevertible secur	m are not ently valid eficially Ov	required OMB c	d to respo	nd unless t		474 (9-02)
1. Title of Derivative Security (Instr. 3)				4. if Transaction Code rr) (Instr. 8)		5. Number of 6. Date Expirat		6. Date Exe Expiration	e Exercisable and ation Date h/Day/Year) 7. Tall the Exercisable and Arr Un. Sec		Amount of Underlying Securities (Instr. 3 and 4)		9. Number of Derivative Securities Beneficially Owned Following Reported Transaction((Instr. 4)	Ownershi Form of Derivative Security: Direct (D or Indirect	(Instr. 4)
					V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				
				Code							1				

Depositing Owner Name / Address	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
Sullivan Daniel M C/O PROFESSIONAL DIVERSITY NETWORK, INC. 801 WEST ADAMS STREET, SUITE 600 CHICAGO, IL 60607			Chief Revenue Officer			

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.