FORM 4	4
--------	---

Check this box if no
longer subject to
Section 16. Form 4 or
Form 5 obligations
may continue. See
Instruction 1(b).

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

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

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 Perso HALL MICHAEL JOHN	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 10% Owner				
(Last) (First) C/O PROFESSIONAL DIVERSIT INC., 801 WEST ADAMS STREE	Y NETWORK,	3. Date of Earliest Transaction (Month/Day/Year) 03/31/2014						X Officer (give title below) Other (specify below) Executive Vice President			
(Street) CHICAGO, IL 60607		4. If Amendment, Date Original Filed(Month/Day/Year)					6. Individual or Joint/Group Filing(Check Applicable Line) _X_Form filed by One Reporting PersonForm filed by More than One Reporting Person				
(City) (State)	(Zip)	Τι	Table I - Non-Derivative Securities Acquir					ired, Disposed of, or Beneficially Ov	vned		
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	-	(Instr. 8)	tion	(A) or Disposed of (D) (Instr. 3, 4 and 5)		of (D)	Transaction(s)	Ownership Form:	Beneficial	
		(Month/Day/Year)	Code	v	Amount	(A) or (D)	Price		Direct (D) or Indirect (I) (Instr. 4)	Ownership (Instr. 4)	

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

Persons who respond to the collection of information SEC 1474 (9-02) contained in this form are not required to respond unless the form displays a currently valid OMB control number.

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

(e.g., puts, calls, warrants, options, convertible securities)															
1. Title of	2.	3. Transaction	3A. Deemed	4.		5. Numb	er	6. Date Exe	rcisable and	7. Title and	ł	8. Price of	9. Number of	10.	11. Nature
Derivative	Conversion	Date	Execution Date, if	Transaction of		Expiration Date		Amount of		Derivative	Derivative	Ownership	of Indirect		
Security	or Exercise	(Month/Day/Year)	any	Code			(Month/Day/Year)		Underlying		Security	Securities	Form of	Beneficial	
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8))	Securitie			Securities (Ins		(Instr. 5)	Beneficially	Derivative	Ownership	
	Derivative					Acquired	red		(Instr. 3 and 4)			Owned	Security:	(Instr. 4)	
	Security					(A) or								Direct (D)	
						Disposed	d of					1	or Indirect		
						(D)						Transaction(s)			
						(Instr. 3,	4,					(Instr. 4)	(Instr. 4)		
						and 5)									
											Amount				
								Date	Expiration		or				
								Exercisable		Title	Number				
				C 1	x 7	(1)					of				
		-		Code	v	(A)	(D)				Shares			-	
Option															
to															
purchase	\$ 3.45	03/31/2014		А		20,000		(1)	03/31/2024	common	20,000	\$ 0	20,000	D	
common	<i>\$</i> 5110	00/01/2011				20,000			00/01/2021	stock	20,000	φü	20,000	2	
stock															
SIDEK															

Reporting Owners

	Den entire a Oran an Neuro / Adduser	Relationships						
	Reporting Owner Name / Address		Director 10% Owner Officer		Other			
8	HALL MICHAEL JOHN C/O PROFESSIONAL DIVERSITY NETWORK, INC. 301 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.