FORM 4

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

OMB APPROVAL									
OMB Number: 3235-02									
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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

(Print or Ty	pe Response	s)															
Name and Address of Reporting Person * Mecklenburger David				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) (Middle) C/O PROFESSIONAL DIVERSITY NETWORK, INC., 801 W. ADAMS STREET, SIXTH FLOOR			3. Date of Earliest Transaction (Month/Day/Year) 09/09/2015								X Officer (give title below) Other (specify below) Chief Financial Officer						
(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 Person Form filed by More than One Reporting Person						
(City) (State) (Zip)				Table I - Non-Derivative Securities Acquir								red, Disposed of, or Beneficially Owned					
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Year)		2A. Deemed Execution Date, in any (Month/Day/Year			Code (Instr		ction	tion 4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)			d 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)			Form: Direct (D)	7. Nature of Indirect Beneficial Ownership		
						Code		V	Amoun	Amount (A) or (D) Pri		e		(I	or Indirect (I) (Instr. 4)	(Instr. 4)	
Common Stock, par value \$0.01		09/09/2015				P	•		1,500	A	\$ 0.75	4,500			D		
1. Title of Derivative Conversion or Exercise (Instr. 3) Price of Derivative Security		3. Transaction Date (Month/Day/	e.g., puts, calls, wa 4. ate, if Transaction Code (Year) (Instr. 8)			ies Acquired, arrants, option 5. Number 6. of		the f d, Di ions, 6. D	nd Expiration Date Month/Day/Year) An Un Sec			re not required to ently valid OMB of ally Owned Title and 8. Price		of 9. Number Derivative Securities	of 10. Ownersh Form of		
	Security				Code V		Disposed of (D) (Instr. 3, 4, and 5)		Date Exer		Expiratio Date	on	Amount or Number of Shares		Reported Transaction (Instr. 4)	or Indire	ect
Repor	ting O	wners			Code	[v]	(A)	(D)	<u> </u>				Shares				
Reporting Owner Name / Address					Relationships Director 10% Owner Officer Other												
Mecklenburger David C/O PROFESSIONAL DIVERSITY NETWORK, INC 801 W. ADAMS STREET, SIXTH FLOOR CHICAGO, IL 60607				ector	10%	Own		Officer Chief F	inancia	ıl Offi	Othe	r					

Explanation of Responses:

Signatures

/S/ David Mecklenburger

**Signature of Reporting Person

* If the form is filed by more than one reporting person, see Instruction 4(b)(v).

09/09/2015

** 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.

