FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

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

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| Name and Address of Reporting Person*     Day David                          |     |  |       |   |         | 2. Issuer Name and Ticker or Trading Symbol RUBICON PROJECT, INC. [ RUBI ] |                 |   |                    |            |   |  |                       |  | lationshi<br>ck all app<br>Direc  | olicable)  | ng Person(s) to  |   |
|--|-----|--|-------|---|---------|--|-----------------|---|--------------------|------------|---|--|-----------------------|--|---|--|--|---|
| (Last)   | `   | (First) (Middle) RUBICON PROJECT, INC. |       |   |         |  |                 | 3. Date of Earliest Transaction (Month/Day/Year) 03/11/2016 |                    |            |   |  |                       |  |   |  | cer (give title Other<br>by) below<br>Chief Accounting Officer       |   |
| 12181 BLUFF CREEK DRIVE, 4TH FLOOR ———————————————————————————————————       |     |  |       |   | 4. If A | 4. If Amendment, Date of Original Filed (Month/Day/Year)                   |                 |   |                    |            |   |  |                       |  | 5. Individual or Joint/Group Filing (Check Applicable ine)  |  |  |   |
| (Street) LOS ANGELES CA 90094  |     |  |       |   |         |  |                 |   |                    |            |   |  |                       |  | X Form filed by One Reporting Person Form filed by More than One Reporting Person                                       |  |  |   |
| (City)   | (St | ate) (Z                                | Zip)  |   |         |  |                 |   |                    |            |   |  |                       |  |   |  |  |   |
|  |     | Tabl                                   | eI-   | Non-Deriv                                   | ative   | Secu   | ıritie          | s Ac  | quired,            | Dis        | sposed o  | f, or E                                      | Benefi                | cially                                   | / Owne  | ed   | 4  |   |
| 1. Title of Security (Instr. 3)  2. Transaction Date (Month/Day/Ye           |     |  |       |   | Year) i | Execution Date,  |                 |   |                    |            |   | es Acquired (A) or<br>Of (D) (Instr. 3, 4 an |                       |  | 5. Amount of Securities Beneficially Owned Following  |  | 6. Ownership<br>Form: Direct<br>(D) or<br>Indirect (I)<br>(Instr. 4) | 7. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |
|  |     |  |       |   |         |  |                 |   | Code               | v          | Amount  | (A) (D)                                      | (A) or<br>(D) Pric    |  | Repo<br>Trans   |  | (1130. 4)  | (111301. 4)   |
| Common Stock 03/11/20  |     |  |       |   | 016     | 16   |                 |   | S                  |            | 841   | D  | \$                    | \$16.91                                  |   | 00,800   | D  |   |
| Common Stock 03/15/20  |     |  |       |   | 16      |  |                 |   | S <sup>(1)</sup>   |            | 10,294  | D  | \$1                   | \$16.51(2)                               |   | 30,506   | D  |   |
|  |     | Та                                     | ble l | I - Derivat<br>(e.g., p                     |         |  |                 | •   | ,                  | •          | osed of, convertib  |  |                       | •  | Owned   |  |  |   |
| Derivative Conversion Date Exc<br>Security or Exercise (Month/Day/Year) if a |     |  |       | Deemed<br>ution Date,<br>y<br>tth/Day/Year) | Code (I | ransaction<br>ode (Instr.  |                 |   |                    | Exercion D | Vear) Securities Underlying Derivative Security (Inst. 3 and 4) |  | of<br>De<br>Se<br>(In | Price<br>erivative<br>curity<br>estr. 5) | 9. Number of<br>derivative<br>Securities<br>Beneficially<br>Owned<br>Following<br>Reported<br>Transaction<br>(Instr. 4) | Ownership<br>Form:<br>Direct (D)<br>or Indirect<br>(I) (Instr.<br>4) | 11. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4)   |   |
|  |     |  | Code  | v   | (A)     | (D)  | Date<br>Exercis | able  | Expiration<br>Date | Title      | Amou<br>or<br>Numb<br>of<br>Share                               | er   |                       |  |   |  |  |   |

## Explanation of Responses:

- 1. The sales reported in this Form 4 were effected pursuant to a Rule 10b5-1 trading plan.
- 2. The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$16.23 to \$16.85, inclusive. The reporting person undertakes to provide to The Rubicon Project, Inc., any security holder of The Rubicon Project, Inc., or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares sold at each separate price within the ranges set forth in footnote (1) to this Form 4.

## Remarks:

/s/ Jonathan Feldman, attorney-in-fact 03/15/2016

\*\* Signature of Reporting Person Date

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

- \* 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.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB Number.