FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| OMB APPROVAL | | | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | | |
| Estimated average burden | | | | | | | | | |
| haura nar raananaa | 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* Spillane Robert F | | | | | RU | Issuer Name and Ticker or Trading Symbol RUBICON PROJECT, INC. [RUBI] Date of Earliest Transaction (Month/Day/Year) | | | | | | | | | ck all appl Direct | or | | 10% O | wner | |
|---|--|--|---------|----------------------------------|---------------------------------|--|----------------|-----|---------------------------------------|-------------|------------------|-------------------------|--------------------------------|---|---|--|---------------|---|---|--|
| (Last) | (Fi | rst) (| Middle) | | | 05/13/2015 | | | | | | | | | | Officer (give title below) | | Other (below) | specity | |
| C/O THE RUBICON PROJECT, INC. 12181 BLUFF CREEK DRIVE, 4TH FLOOR | | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | | |
| (Street) LOS ANGELES CA 90094 | | | | | | | | | | | | | | | X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| (City) | (St | ate) (| | | | | | | | | | | | | | | | | | |
| | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/ | | | | | | | Execution Date | | | ion str. | | ities Acq d Of (D) (| | 3, 4 and Securi Benefi Owned | | ties cially | Forr (D) o | m: Direct | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | | | | | Code | v | Amount | (A) (D) | or P | rice | Following Reported Transaction((Instr. 3 and | | (IIIS | u. 4) | , iii su . 4) | |
| Common Stock 05/13/20 | | | | | |)15 | | Α | | 4,886 | (1) A \$0.0 | | 0.00(2 | 26,169 | | | D | | | |
| | | Ta | able II | l - Deriva (e.g., p | | | | | uired, Di , option: | | | | | | Owned | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | if any | emed ion Date, i/Day/Year) | 4. Transac Code (In 8) | | n of l | | 6. Date Ex Expiration (Month/Da | Date | Amount o | | of s ng e | | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4) | у | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership | |
| | | | | | Code | v | (A) | (D) | Date Exercisabl | | xpiration ate | Title | Amo or Num of Shar | ber | | | | | | |
| Stock Option (right to buy) | \$17.91 | 05/13/2015 | | | A | | 11,759 | | (3) | 0: | 5/13/2025 | Common | 11,7 | 759 | \$0.00 ⁽²⁾ | 11,759 | | D | | |

Explanation of Responses:

- 1. Represents restricted stock units that vest in full on the earliest of (i) May 13, 2016, (ii) the date of the next Annual Meeting of the Issuer's stockholders, or (iii) a change of control of the Issuer.
- 2. Granted as compensation for services.
- 3. The stock options vest in full on the earliest of (i) May 13, 2016, (ii) the date of the next Annual Meeting of the Issuer's stockholders, or (iii) a change of control of the Issuer.

Remarks:

/s/ Jonathan Feldman, attorney-in-fact 05/15/2015

** 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.