FORM 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

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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

1. Name and Address of Reporting Person [®] Mandal Sumant						2. Issuer Name and Ticker or Trading Symbol RUBICON PROJECT, INC. [RUBI]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner					
(Last)	(Fir	,	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 02/19/2016									-	cer (give title			(specify
725 ARIZONA AVENUE SUITE 304					4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person						
(Street) SANTA MONICA	A CA	9	0401												-	n filed by M		an One Re	
(City)	(Sta	ate) (Z	Zip)																
		Tabl	e I - I	Non-Deriv	ative S	Secu	rities	s Aco	quired,	Dis	posed of	f, or E	Benefi	ciall	ly Own	ed			
1. Title of Security (Instr. 3) 2. Transacti Date (Month/Day)				/Year) i	Execution Date,			3. Transaction Code (Instr. 8) 4. Securit Disposed and 5)						5. Amo Securit Benefic Owned Follow	ties Fo cially (D) Ind		n: Direct or rect (I)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
									Code	v	Amount	(A) (D)		ice	Report Transa				(1150.14)
Common Stock 02/19				02/19/2	016	16			J ⁽¹⁾		11,283	Ι		\$ <mark>0</mark>	17,702			D	
Common Stock													4,093,669 ⁽²⁾				See footnote ⁽²⁾		
		Та	ble I	- Derivat (e.g., pu							osed of, o onvertib				Owned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	Execu if any			ransaction of ode (Instr. Deriva Securi (A) or Dispo of (D) (Instr. and 5)		ative rities ired osed	6. Date I Expirati (Month/) Date Exercisa		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) Amoun or Numbe of Title Shares		r. nt er	8. Price of Derivative Security (Instr. 5) Security (Instr. 5) Following Reported Transacti (Instr. 4)		ly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	

Explanation of Responses:

1. Upon vesting of the restricted stock units underlying the common shares, the common shares were transferred for no value from the reporting person to Clearstone Venture Management III, LLC, a Delaware limited liability company ("CVM III"), pursuant to a contractual obligation to assign any fees received for his service as a director.

2. Represents (i) 11,283 shares directly beneficially owned by CVM III, (ii) 4,010,692 Shares directly beneficially owned by Clearstone Venture Partners III-A, L.P., a Delaware limited partnership ("CVP III-A") and (iii) 71,695 Shares directly beneficially owned by Clearstone Venture Partners III-B, a Delaware multiple series limited liability company ("CVP III-B"). CVM III is the general partner and managing member of CVP III-A and CVP III-B, respectively. The reporting person is a managing director of CVM III and a member of CVP III-A or CVP III-B, except to the extent of his pecuniary interest therein, if any, and the inclusion of these shares in this report shall not be deemed an admission of beneficial ownership of the reported shares for purposes of Section 16 or for any other purposes.

Sumant Mandal	
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** Signature of Reporting Person Date

03/10/2016

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.