FORM 4

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

OMB APPROVAL
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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* Gomes Sanjiv				Issuer Name and Ticker or Trading Symbol U.S. Auto Parts Network, Inc. [PRTS]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)Director10% Owner						
(Last) (First) (Middle) 16941 KEEGAN AVENUE				3. Date of Earliest Transaction (Month/Day/Year) 03/10/2020							X Officer (give title below) Other (specify below) CTO								
(Street) CARSON, CA 90746				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)			Table I - Non-Derivative Securities Acqui							ired, Disposed of, or Beneficially Owned									
1.Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Year)					(Instr. 8)		(A) or Disposed of			of (D)	(D) Beneficially Owned Following Reported Transaction(s)			Ownership Form:	ip of Be	Beneficial			
			(Month/Day/Year			ode	V	Amou	nt	(A) or (D)	Price	(Instr. 3 a	and 4)		Direct (I or Indire (I) (Instr. 4)	Indirect (Ins	wnership nstr. 4)		
Common Stock		03/10/2020				A		64,87 (1)	7	A	\$ 0	137,309	137,309		D				
Common Stock		03/10/2020				A		19,38 (2)	32	A	\$ 0	156,691		D					
Reminder:	Report on a s	separate line fo	r each class of secur Table II - 1	Deriva	ative Sec	urit	ies Ac	equire	Perseconta conta the fo	ons whained i	no r in th spla	his for ays a c or Bene	m are curre eficial	e not requently valid	ction of inf uired to res OMB cont	spond unle	ss	EC 14	74 (9-02)
			,	<i>e.g.</i> , p	outs, call			ts, opt					T		T		.		
Security	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/\frac{\text{Y}}{2}	Execution Da	ŕ	Code	tion	5. Numl of Deriv Secur Acqu (A) o Dispo of (D (Instr 4, and	rative rities ired rosed	and Expiration Date (Month/Day/Year) A U		Ame Und Seco	ount of derlying urities tr. 3 and Derivative Security (Instr. 5)		9. Number Derivative Securities Beneficiall Owned Following Reported Transaction (Instr. 4)	Owner Form Deriv Secur Direct or Inc.	Ownership Form of Derivative Security: Direct (D) or Indirect	Beneficial		
					Code	V	(A)		Date Exer	cisable	Ex _j Da	piration te	Title	Amount or Number of Shares					

Reporting Owners

P (0 N /	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
Gomes Sanjiv 16941 KEEGAN AVENUE CARSON, CA 90746			СТО				

Signatures

/s/ Sanjiv Gomes	03/12/2020
**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).
- Represents the vesting of performance-based restricted stock units previously granted to the Reporting Person by the Company on May 22, 2019 under the Company's annual (1) incentive bonus plan. The performance conditions applicable to the award were determined to have been satisfied by the Company's Board of Directors on March 10, 2020, resulting in the immediate vesting of the restricted stock units as to 137,309 shares.
- (2) Represents common stock awarded to the Reporting Person upon the determination by the Company's Board of Directors of the achievement of the performance conditions under the Company's annual incentive bonus plan. The common stock was awarded to the Reporting Person in lieu of cash under the Company's annual incentive bonus plan.

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.