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 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) | | | | | | | | | | | | | | | | | |
|--|---|---------------------------------|----------------------|-------------------------------------|---|-------|---|--------|--|------------------|--|---|--|--|---|---|--|-------------------------------------|------------|
| 1. Name and Address of Reporting Person * BARNES JIM | | | | | Issuer Name and Ticker or Trading Symbol U.S. Auto Parts Network, Inc. [PRTS] | | | | | | | 5 | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) _X_ Director | | | | | | |
| 2050 W. 190TH STREET, SUITE 400 | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 05/13/2020 | | | | | | | - | Office | er (give title belo | ow) | Other | (specify belo | ow) | |
| (Street) | | | | 4. If | 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 | | | | | | |
| TORRA! | NCE, CA | | (7:) | | | | | | | | | | | | | | | | |
| (City | " | (State) | (Zip) | | | T | able I | - Non | -Der | ivative | Securitie | es A | cquii | red, Disp | osed of, or I | Beneficially | Own | ied | |
| 1.Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Yea | | | Exec any | Deemed cution Date, if nth/Day/Year | Code (Instr. 8) | | ` ′ | | of | f (D) Beneficia | | ant of Securities ally Owned Following d Transaction(s) | | For | nership o m: E | 7. Nature of Indirect Beneficial Ownership | | | |
| | | | | (Wollin/Day/Teal | | Code | | V | Amour | mount (A) or (D) | | rice | (msu. 3 a | and 1) | | or Indirect (I) (Instr. 4) | | (Instr. 4) | |
| Common | Stock | | 05/13/2020 | | | | | P | | 3,000 | A | \$ 4.9 | 95 | 21,209 | | | D | | |
| Reminder: | Report on a s | separate fine i | or each class of sec | - Deriv | vative Se | curi | ties Ac | equire | Pers cont the f | ons whained i | no respo n this fo splays a of, or Be | orm a cu enefi | are irren | not requ itly valid | ction of inf uired to res OMB conf | spond unle | | SEC 14 | 174 (9-02) |
| 1 77:1 6 | 10 | 2 m .: | 24 5 | | 1 / | ls, w | | ts, op | i í | | tible seco | | | .1 1 | lo D : | 0.31 1 | c | 10 | 1,, ,, |
| Security | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day) | Year) Execution Da | ate, if | Code Year) (Instr. 8) | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 1 | Amor Unde Secur | tle and unt of erlying rities r. 3 and | | 9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4) | y I I I I I I I I I I I I I I I I I I I | 10. Ownership Form of Derivative Security: Direct (D) or Indirect (I) (Instr. 4) | Beneficia Ownershi (Instr. 4) | |
| | | | | | Code | V | (A) | (D) | Date Exer | cisable | Expiration Date | on , | Title | Amount or Number of Shares | | | | | |

Reporting Owners

| | Relationships | | | | | | |
|---|---------------|--------------|---------|-------|--|--|--|
| Reporting Owner Name / Address | Director | 10% Owner | Officer | Other | | | |
| BARNES JIM 2050 W. 190TH STREET, SUITE 400 TORRANCE, CA 90504 | X | | | | | | |

Signatures

| /S/ ALFREDO GOMEZ, AS Attorney-in-Fact for JIM BARNES | 05/13/2020 |
|---|------------|
| **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).

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.