(Street) **NEW YORK** 

(City)

NY

(State)

10020

(Zip)

FORM 3

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

Washington, D.C. 20549

## INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF **SECURITIES**

OMB APPROVAL OMB Number: 3235-0104 Estimated average burden r response: 0.5

						200111120				hours pe	r response:	0.5
						.6(a) of the Securities Exchange Atthe Investment Company Act of 1						
1. Name and Address of Reporting Person*  G2 Investment Partners  Management LLC				2. Date of Event Requiring Statement (Month/Day/Year) 08/20/2015		3. Issuer Name <b>and</b> Ticker or Tra PFSWEB INC [ PFSW						
(Last) (First) (Middle) ONE ROCKEFELLER PLAZA, 23RD FLOOR  (Street)			-			Relationship of Reporting Person(s) to Issuer (Check all applicable)     Director			5. If Amendment, Date of Original Filed (Month/Day/Year)			
			_			Officer (give title below)	Other (specify below)		6. Individual or Joint/Group Filing (Check Applicable Line)  Form filed by One Reporting Person  Form filed by More than One			
NEW YORK N	Y	10020	_						X	Reporting P		•
(City) (S	State)	(Zip)		ahle I - Non	-Derivati	ve Securities Beneficial	lly Owned					
1. Title of Security (Instr. 4)					2.	Amount of Securities eneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)		4. Nature of Indirect Beneficial Ownership (Instr. 5)			
Common Stock						1,804,169	I	I Se		See Footnote <sup>(1)</sup>		
			(e.q			Securities Beneficially		s)				
1. Title of Derivative Security (Instr. 4)  2. Date Exerci Expiration Da (Month/Day/You			isable and	1	rities 4.		ercise	5. Ownership Form: Direct (D)	6. Nature of In Beneficial Ow (Instr. 5)			
				Date Exercisable	Expiration Date	Title	Amount or Number of Shares	Deriva Secur	ative	or Indirect (I) (Instr. 5)		
1. Name and Address G2 Investmen			nt LI	LC								
(Last) ONE ROCKEFE	(First) LLER PLAZ	,	ddle) OR									
(Street) NEW YORK	NY	10	020									
(City)	(State)	(Zip	0)									
1. Name and Address G2 Investmen												
(Last) ONE ROCKEFE	(First) LLER PLAZ	•	ddle) OR									
(Street) NEW YORK	NY	10	020									
(City)	(State)	(Zi <sub>l</sub>	0)									
1. Name and Address Goldberg Josh		Person*										
(Last) ONE ROCKEFE	(First)	,	ddle)									

## **Explanation of Responses:**

1. These securities are held in the accounts of private investment funds managed by G2 Investment Partners Management LLC ("G2 Investment Partners Management") and may be deemed to be beneficially owned by (i) G2 Investment Partners Management, (ii) G2 Investment Partners GP LLC and (iii) Josh Goldberg, the managing member of G2 Investment Partners Management and G2 Investment Partners GP LLC (collectively, the "Reporting Persons"). The Reporting Persons disclaim beneficial ownership of the reported securities except to the extent of their pecuniary interest therein, and affirmatively disclaim being a "group" for purposes of Section 16 of the Securities Exchange Act of 1934, as amended.

**G2** Investment Partners

Management LLC, By: Josh Goldberg, Managing Member, 08/24/2015

/s/ Josh Goldberg

G2 Investment Partners GP

LLC, By: Josh Goldberg,

Managing Member, /s/ Josh

Goldberg

<u>/s/ Josh Goldberg</u> <u>08/24/2015</u>

\*\* Signature of Reporting Person Da

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 5 (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.