FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APPROVAL						
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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* transcosmos inc. 2. Date of Event Requiring Stater (Month/Day/Year 05/15/2013			nent	3. Issuer Name and Ticker or Trading Symbol PFSWEB INC [PFSW]					
(Last) 21-25-18 SH (Street) TOKYO	(First) IBUYA, SHIB M0 (State)	(Middle) UYA-KU 150-8530 (Zip)	- 15/35/35/35 -		4. Relationship of Reporting Perso (Check all applicable) Director X Officer (give title below)	on(s) to Issue 10% Owne Other (spe below)	er _	5. 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 Form filed by More than One Reporting Person	
(0.5)	(Otato)		able I - Non	- Derivati	ive Securities Beneficiall	v Owned			
1. Title of Security (Instr. 4)				2.	. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)		4. Nature of Indirect Beneficial Ownership (Instr. 5)	
Common Stock					3,214,369	D			
		(e. <u>ç</u>			e Securities Beneficially nts, options, convertible		s)		
1. Title of Derivative Security (Instr. 4)			2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Securi Underlying Derivative Securit			rcise Form:	6. Nature of Indirect Beneficial Ownership (Instr. 5)

Explanation of Responses:

/s/ Shin Nagakura, Executive <u>Managing Director</u> <u>05</u>

05/24/2013

** 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 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.