

STAMPS.COM INC  
Form 3/A  
October 31, 2016

**FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION**  
**Washington, D.C. 20549**

OMB APPROVAL

OMB Number: 3235-0104  
Expires: January 31, 2015  
Estimated average burden hours per response... 0.5

**INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES**

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,  
Section 17(a) of the Public Utility Holding Company Act of 1935 or Section  
30(h) of the Investment Company Act of 1940

(Print or Type Responses)

<p>1. Name and Address of Reporting Person *</p> <p><b>Â Khechfe Amine</b></p> <p>(Last) (First) (Middle)</p> <p>1990 E. GRAND AVENUE</p> <p>(Street)</p> <p>EL SEGUNDO, Â CA Â 90245</p> <p>(City) (State) (Zip)</p>	<p>2. Date of Event Requiring Statement</p> <p>(Month/Day/Year)</p> <p>08/02/2016</p>	<p>3. Issuer Name <b>and</b> Ticker or Trading Symbol</p> <p>STAMPS.COM INC [STMP]</p>	<p>4. Relationship of Reporting Person(s) to Issuer</p> <p>(Check all applicable)</p> <p><input type="checkbox"/> Director <input type="checkbox"/> 10% Owner</p> <p><input checked="" type="checkbox"/> Officer <input type="checkbox"/> Other</p> <p>(give title below) (specify below)</p> <p>Chief Strategy Officer</p>	<p>5. If Amendment, Date Original Filed(Month/Day/Year)</p> <p>08/12/2016</p> <p>6. Individual or Joint/Group Filing(Check Applicable Line)</p> <p><input checked="" type="checkbox"/> Form filed by One Reporting Person</p> <p><input type="checkbox"/> Form filed by More than One Reporting Person</p>
---	---	--	---	--

**Table I - Non-Derivative Securities Beneficially 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	77	D	Â

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

SEC 1473 (7-02)

**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 control number.**

**Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)**

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)	3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)	4. Conversion or Exercise Price of Derivative Security	5. Ownership Form of Derivative Security: Direct (D) or Indirect	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date	Title	Amount or Number of	

				Shares		(1) (Instr. 5)	
Stock option (right to buy)	02/05/2017 <sup>(1)</sup>	02/05/2026	Common Stock	70,000 <sup>(1)</sup>	\$ 87.88		D    Â

## Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
Khechfe Amine 1990 E. GRAND AVENUE EL SEGUNDO, CA 90245	Â	Â	Â Chief Strategy Officer	Â

## Signatures

/s/ David M. Zlotchew, by power of attorney for Amine Khechfe 10/31/2016

\_\_Signature of Reporting Person
Date

## Explanation of Responses:

- \* 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).
- (1) On February 5, 2016, the Company granted the Reporting Person an option to purchase 70,000 shares of common stock of the Company under the Company's 2010 Equity Incentive Plan, as amended. The option vests with respect to 25% of the shares on the first anniversary of the grant date, and with respect to the remaining 75% of the shares in approximately equal monthly installments over the 36 months immediately thereafter, provided that the Reporting Person remains an employee of the Company through the relevant times.

Â

### Remarks:

This Amendment is being filed solely to add the Power of Attorney pursuant to which the Form

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.