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

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 [*] Clearstone Venture Management III. L.L.C.				2. Issuer Name and Ticker or Trading Symbol RUBICON PROJECT, INC. [RUBI]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director X 10% Owner						
					3. Date of Earliest Transaction (Month/Day/Year) 07/29/2015									Officer (give title Other (specify below) below)				(specify	
(Last) (First) (Middle) 725 ARIZONA AVENUE, SUITE 304					4. If Amendment, Date of Original Filed (Month/Day/Year) 07/31/2015									6. Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person					
(Street) SANTA CA 90401 MONICA														X Form filed by More than One Reporting Person					
(City)	(St	ate) (ž	Zip)																
		Tabl	e I - N	lon-Deriv	ative	Se	curitie	es Acc	quired,	Dis	oosed c	of, o	r Bene	eficia	lly Own	ed			
1. Title of Security (Instr. 3) Date (Month/Day				y/Year) if		2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)		4. Securities Acquire Disposed Of (D) (Ins and 5)				Secur Bene Owne	5. Amount of Securities Beneficially Owned Following		ership Direct ct (I) 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
								Code	v	Amount		(A) or (D)	Price	Repo Trans	Reported Transaction(s) (Instr. 3 and 4)		4) 	(Insu: 4)	
Common Stock 07/29				07/29/2	:015				J		8,851(1)		D	\$ <mark>0</mark>		79,651	I	2	
Common Stock 07/29/20				015	015		J		10,080(1)		D	\$ <mark>0</mark>		0	I)			
		Та	ble II	- Derivat (e.g., pu											Owned	I			
1. Title of Derivative Security (Instr. 3) 2. Conversion or Exercise Price of Derivative Security		3. Transaction Date (Month/Day/Year)	Execut if any	3A. Deemed Execution Date, if any (Month/Day/Year)		4. Transactior Code (Instr 8)		on of		6. Date Exercis Expiration Dat (Month/Day/Ye		Am Sec Un Der Sec	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership	
					Code	,	V (A)	(D)	Date Exercisa		Expiration Date		Amount or Number of Shares						
		f Reporting Person Iture Manage		it III, L.L	. <u>C.</u>	1													
(Last) 725 ARI		(First) ENUE, SUITE 30		iddle)															
(Street)	MONICA	CA	90	9401															
(City)		(State)	(Zi	p)															

1. Name and Address of Reporting Person [*] Clearstone Venture Partners III-B, a Delaware Multiple Series LLC							
(Last) 725 ARIZONA AV	(First) ENUE, SUITE 304	(Middle)					
(Street) SANTA MONICA	СА	90401					
(City)	(State)	(Zip)					

Explanation of Responses:

1. This Form 4 amends the Form 4 filed by Clearstone Venture Management III, a Delaware limited liability company ("CVM III") and Clearstone Venture Partners III-B, a Delaware multiple series limited liability company ("CVP III-B") on July 31, 2015 to reflect that the shares were Disposed of (D) and not Acquired (A).

Dana E. Moraly	07/31/
** Olara atura of Dana atlana Danasa	Data

** Signature of Reporting Person Date

7/31/2015

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 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.

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.