

## INITIAL STATEMENT OF 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

|                                           |         |          |                                                                                                                                                                                       |  |                                                                                                                                                 |  |  |
|-------------------------------------------|---------|----------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| 1. Name and Address of Reporting Person * |         |          | 2. Date of Event Requiring Statement (MM/DD/YYYY)                                                                                                                                     |  | 3. Issuer Name and Ticker or Trading Symbol                                                                                                     |  |  |
| Sacripanti Peter John                     |         |          | 1/31/2017                                                                                                                                                                             |  | LogMeIn, Inc. [LOGM]                                                                                                                            |  |  |
| (Last)                                    | (First) | (Middle) | 4. Relationship of Reporting Person(s) to Issuer (Check all applicable)                                                                                                               |  |                                                                                                                                                 |  |  |
| C/O LOGMEIN, INC., 333 SUMMER STREET      |         |          | <input checked="" type="checkbox"/> Director <input type="checkbox"/> 10% Owner<br><input type="checkbox"/> Officer (give title below) <input type="checkbox"/> Other (specify below) |  |                                                                                                                                                 |  |  |
| (Street)                                  |         |          | 5. If Amendment, Date Original Filed (MM/DD/YYYY)                                                                                                                                     |  | 6. Individual or Joint/Group Filing (Check Applicable Line)                                                                                     |  |  |
| BOSTON, MA 02210                          |         |          |                                                                                                                                                                                       |  | <input checked="" type="checkbox"/> Form filed by One Reporting Person<br><input type="checkbox"/> Form filed by More than One Reporting Person |  |  |
| (City)                                    |         |          | (State)                                                                                                                                                                               |  | (Zip)                                                                                                                                           |  |  |

### 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) |
|                                 |                                                       |                                                          |                                                       |

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

|                                          |                                                      |                 |                                                                             |                            |                                                        |                                                                                 |                                                       |
|------------------------------------------|------------------------------------------------------|-----------------|-----------------------------------------------------------------------------|----------------------------|--------------------------------------------------------|---------------------------------------------------------------------------------|-------------------------------------------------------|
| 1. Title of Derivate Security (Instr. 4) | 2. Date Exercisable and Expiration Date (MM/DD/YYYY) |                 | 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 (I) (Instr. 5) | 6. Nature of Indirect Beneficial Ownership (Instr. 5) |
|                                          | Date Exercisable                                     | Expiration Date | Title                                                                       | Amount or Number of Shares |                                                        |                                                                                 |                                                       |
|                                          |                                                      |                 |                                                                             |                            |                                                        |                                                                                 |                                                       |

#### Explanation of Responses:

No securities are beneficially owned.

#### Reporting Owners

| Reporting Owner Name / Address                                                      | Relationships |           |         |       |
|-------------------------------------------------------------------------------------|---------------|-----------|---------|-------|
|                                                                                     | Director      | 10% Owner | Officer | Other |
| Sacripanti Peter John<br>C/O LOGMEIN, INC.<br>333 SUMMER STREET<br>BOSTON, MA 02210 | X             |           |         |       |

#### Signatures

Michael J. Donahue, attorney-in-fact

1/31/2017

\*\*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 control number.