

[] Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. *See* Instruction 1(b).

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

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STATEMENT OF CHANGES IN 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. Issuer Name and Ticker or Trading Symbol								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
FLEISHER MICHAEL D						Wayfair Inc. [W]										10	0/ 0	
(Last)	(First) (Middle)				3. 1	3. Date of Earliest Transaction (MM/DD/YYYY)								Director 10% Owner X Officer (give title below) Other (specify below)				
C/O WAYFAIR INC., 4 COPLEY PLACE, 7TH FL						3/15/2017							(Chief Financi	ial Office	r		
(Street)					4. 1	4. If Amendment, Date Original Filed (MM/DD/YYYY)								6. Individual or Joint/Group Filing (Check Applicable Line)				
BOSTON, MA 02116 (City) (State) (Zip)														X _ Form filed by One Reporting Person Form filed by More than One Reporting Person				
		,	Table	I - No	n-Der	ivati	ive Sec	curities Ac	quir	ed, Di	sposed	of, or B	ene:	ficially Owne	ed			
1.Title of Security (Instr. 3) 2. Trans. Da				2A. D Execu Date,	tion	3. Trans. Co (Instr. 8)	ode	4. Securities Acquor Disposed of (E) (Instr. 3, 4 and 5)))			.,		Ownership of Form: Be Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership		
							Code	V	Amour	(A) or (D)	Price					(Instr. 4)		
Class A Common Stock 3/15/2017							M	1043 A \$0			59785			D				
Class A Common Stock 3/15/2017				017			s (1)		366	D	\$36.47		59419			D		
	Tabl	le II - Deri	vative	Secur	ities l	Bene	ficially	Owned (e.g.	, puts	, calls, v	varrant	s, oj	ptions, conve	rtible sec	urities)		
1. Title of Derivate Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Trans. Date	3A. De Execut Date, i	-	. Trans. Code (nstr. 8)	Derivati Securiti (A) or D (D)			6. Date Exercisable an Expiration Date		7. Title and A Securities U Derivative S (Instr. 3 and		nderlying Derivative Security 4) (Instr. 5)		Securities Beneficially Owned Following	Form of Derivative Security: Direct (D)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	V	(A)	(D)	Date Exerc	cisable	Expiration Date	Title		Amount or Number of Shares		Reported Transaction(s) (Instr. 4)	or Indirect (I) (Instr. 4)	
Restricted Stock Units ("RSUs")	(2)	3/15/2017			M			1043		(3)	(3)	Class Comm Stoc	non	1043.0	\$0	14595	D	
Explanation of (Represents t 1) listed in Tab	he number	of shares re									ax with	holding	obli	igations in cor	nnection v	vith the vest	ing of the	RSUs

- Each RSU represents a contingent right to receive one share of Class A Common Stock when vested.
- (These RSUs vest upon the satisfaction of a service condition and have no expiration date. The service condition is satisfied as to 1/5th of the shares on
- 3) September 15, 2016 and as to an additional 1/20th of the shares for every three months of continuous service thereafter.

Reporting Owners

Reporting Owner Name / Address	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
FLEISHER MICHAEL D							
C/O WAYFAIR INC., 4 COPLEY PLACE, 7TH FL			Chief Financial Officer				
BOSTON, MA 02116							

Signatures

/s/ Enrique Colbert, Attorney-in-Fact for Michael D. Fleisher	3/16/2017
** 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 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 control number.