FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D.C. | 20549 | |
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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

OMB APPROVAL 3235-0287 Estimated average burden hours per response: 0.5

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* <u>Tucker Therese</u> | | | 2. Issuer Name and Ticker or Trading Symbol BLACKLINE, INC. [BL] | | | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner | | | | | | | | | | |
|---|--|---------------------------------------|--|------------|---|---|------|--------|---------------|--|---|------------|---|--|--|---|---|--|---|---------|--------------|--|----|
| (Last) 21300 V | , | (First) (Middle) RY BLVD., 12TH FLOOR | | | 3. Date of Earliest Transaction (Month/Day/Year) 05/20/2021 | | | | | | | | | | X Officer (give title Other (specify below) Executive Chair | | | | | | | | |
| (Street) WOODL HILLS | AND C | ND CA 91367 | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | Individual or Joint/Group Filing (Check Application) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | | | | | |
| (City) | (St | (State) (Zip) | | | | 0 | | • | | | · | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/N | | Transaction te | 2A. Deemed Execution Da | | ned n Date | 3. Transactio Code (Inst | | ction | | | | | 5. Amoun Securities Beneficia Owned Fo | nt of es ally Following | 6. Ownershi Form: Direct (D) or Indirect (I) | Direct | 7. Natur Indirect Benefic Owners | rect eficial ership | | | | | |
| | | | | | | | | С | Code V | | Amount (A) or (D) | | Price | | Reported Transacti (Instr. 3 a | on(s) | (Instr. 4) | 4) | (Instr. 4 | tr. 4) | | | |
| Common | Stock | | 0 | 05/20/2021 | 1 | | | | F | | 11,196(1) | D | \$104 | 1.54 | 161, | 183 | I |) | | | | | |
| Common | Stock | | | | | | | | | | | | | | 2,188 | ,482 |] | | Brian Theres Tucke Living Trust | se r | | | |
| Common | Stock | | | | | | | | | | | | | | 874, | 128 |] | I | Tucke Legac Trust | | | | |
| Common | Stock | | | | | | | | | | | | | | 577, | 200 | | I | Isaac Tucke 2012 Irrevo Trust | | | | |
| Common | on Stock | | | | | | | | | | | | | 577,200 | |] | I Tue | | nna r cable | | | | |
| Common | Stock | | | | | | | | | | | | | | 250,916 I | | 1 | Tucker Seimetz Safety Net Trust | | | | | |
| Common | Stock | | | | | | | | | | | | | | 54,074 | | 54,074 | | Claire I Seimetz 2015 Trust | | 4,074 I Seir | | tz |
| | | Tal | | | | | | | | | sposed of | | | | y Owne | d | | | | | | | |
| 1. Title of Derivative Security (Instr. 3) | itle of 2. 3. Transaction SA. Deemed Execution Date, urity or Exercise (Month/Day/Year) if any | | 4. 5. i Transaction of of of Se B) Se Ac (A) Dis of (In | | 5. Nu | mber ative rities ired osed | 6. D | ate Ex | ercisable and | 7. Tit Amo Secu Unde Deriv Secu | 7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4) | | 3. Price of Derivative Security (Instr. 5) | 9. Numb derivativ Securitie Benefici Owned Followin Reporter Transaci (Instr. 4) | ve es ally ig d tion(s) | Ownershi Form: Direct (D) or Indirect (I) (Instr. 4 | | . Nature Indirect eneficial vnership str. 4) | | | | | |
| | | | | , | Code | v | (A) | (D) | Date Exe | e rcisab | Expiratior le Date | ı Title | Amou or Numb of Share | per | | | | | | | | | |

Explanation of Responses:

1. The reported shares were withheld to cover the Reporting Person's tax liability in connection with the vesting of restricted stock units.

Attorney-in-Fact

** 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 Number.