# FORM 4

# UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Check this box if no longer subject to |
|--|
| Section 16. Form 4 or Form 5           |
| obligations may continue. See          |
| Instruction 1(h)                       |

### STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL             |           |  |  |  |  |  |  |  |  |
|--------------------------|-----------|--|--|--|--|--|--|--|--|
| OMB Number:              | 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

| Name and Address of Reporting Person*     Partin Mark |   |  |   |   | Issuer Name and Ticker or Trading Symbol     BLACKLINE, INC. [ BL ]  3. Date of Earliest Transaction (Month/Day/Year)     08/09/2018 |  |       |  |               |               |   |                          | eck all appli<br>Direct<br>V Office                               | ationship of Reportin<br>k all applicable)<br>Director<br>Officer (give title<br>below)                            |   | g Person(s) to Issuer  10% Owner  Other (specify below)                  |  |   |
|---|---|--|---|---|--|--|-------|--|---------------|---------------|---|--------------------------|---|--|---|--|--|---|
|   | Last) (First) (Middle) 1300 VICTORY BLVD 2TH FLOOR``                  |  |   |   |  |  |       |  |               |               |   |                          | Č   | Chief Financial Officer  |   |  |  |   |
| (Street) WOODL HILLS                                  | AND C   | A  | 91367   |   | _   4.   | 4. If Amendment, Date of Original Filed (Month/Day/Year) |       |  |               |               |   |                          |   | e)<br>X Form t   | lividual or Joint/Group Filing Form filed by One Rep Form filed by More that Person |  |  | n |
| (City)  | (5  | State)                                     | (Zip)   |   |  |  |       |  |               |               |   |                          |   |  |   |  |  |   |
|   |   | Tab  | le I - N  | Non-Deri  | ivativ   | e Sec  | curit | ties Ad  | quire         | ed, D         | isposed o   |                          |   | ly Owned   | l   |  |  |   |
| 1. Title of Security (Instr. 3)                       |   | 2. Transac<br>Date<br>(Month/Da            |   | 2A. Deemed<br>Execution Date,<br>if any<br>(Month/Day/Year) |  | 3.<br>Transaction<br>Code (Instr.<br>8)                  |       |  |               |               | 5. Amor<br>Securit<br>Benefic<br>Owned<br>Reporte   | es<br>ially<br>Following | 6. Ownership<br>Form: Direct<br>(D) or Indirect<br>(I) (Instr. 4) |  | 7. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4)                   |  |  |   |
|   |   |  |   |   |  |  | Code  | v  | Amount        | (A) or<br>(D) | Price   | Transac<br>(Instr. 3     | ction(s)  |  |   | (11150.4)  |  |   |
| Common Stock 08/09/2                                  |   |  | 2018  | 18  |  | <b>M</b> <sup>(1)</sup>                                  |       | 29,475   | A             | \$14          | 56  | 6,747                    |   | D  |   |  |  |   |
| Common Stock 08/09/20                                 |   |  | 2018  | 18  |  | S <sup>(1)</sup>   |       | 29,475   | D             | \$48.8015     | i <sup>(2)</sup> 27   | 7,272                    |   | D  |   |  |  |   |
|   |   | -  | Table I   |   |  |  |       |  |               |               | posed of,<br>, convertil  |                          |   | Owned  |   |  |  |   |
| 1. Title of<br>Derivative<br>Security<br>(Instr. 3)   | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security | 3. Transaction<br>Date<br>(Month/Day/Year) | 3A. Deemed<br>Execution Date,<br>if any<br>(Month/Day/Year) |   | 4.<br>Transa<br>Code (<br>8)   |  |       | 6. Date Exercisable and<br>Expiration Date<br>(Month/Day/Year) |               |               | 7. Title and Amount<br>of Securities<br>Underlying<br>Derivative Security<br>(Instr. 3 and 4) |                          | 8. Price of<br>Derivative<br>Security<br>(Instr. 5)               | 9. Number<br>derivative<br>Securities<br>Beneficiall<br>Owned<br>Following<br>Reported<br>Transactio<br>(Instr. 4) | ly  | 10.<br>Ownership<br>Form:<br>Direct (D)<br>or Indirect<br>(I) (Instr. 4) | Beneficial<br>Ownership<br>ct (Instr. 4) |   |
|   |   |  |   |   | Code   | v  | (A)   | (D)  | Date<br>Exerc | isable        | Expiration<br>Date  | Title                    | Amount<br>or<br>Number<br>of<br>Shares                            |  |   |  |  |   |
| Common<br>Stock<br>(right to                          | \$14  | 08/09/2018                                 |   |   | M <sup>(1)</sup>   |  |       | 29,475   | (3            | 3)            | 03/29/2025  | Commor<br>Stock          | 29,475  | \$0.00   | 505,56  | 6  | D  |   |

### **Explanation of Responses:**

- 1. The sale transaction reported on this Form 4 was effected pursuant to a Rule 10b5-1 trading plan adopted by the Reporting Person on May 24, 2018.
- 2. The sale price represents the weighted-average price of shares sold ranging from \$48.60 to \$49.00 per share. Upon request by the Commission staff, the Issuer or a security holder of the Issuer, the Reporting Person will provide full information regarding the number of shares sold at each separate price within the range set forth in this Form 4.
- 3. The shares subject to the option vest in 4 equal, annual installments beginning on the one year anniversary of January 20, 2015.

#### Remarks:

/s/ Karole Morgan-Prager, 08/13/2018 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.