FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| STATEMENT | OF CHANGES | IN BENEFICIAL | OWNERSHIP |
|-----------|------------|---------------|------------------|

| l | OMB APPRO | VAL |
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| l | OMB Number: | 3235-0287 |
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| l | 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)

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* Murphy Chris | | | | | 2. Issuer Name and Ticker or Trading Symbol BLACKLINE, INC. [BL] 3. Date of Earliest Transaction (Month/Day/Year) 06/11/2018 | | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner X Officer (give title Other (specify | | | | | |
|--|---|--|---|--|---|------------------|---|---------|---|-------------------|--------------------------|---|--|---|---|---|---|-----------|---------------------------------------|
| (Last) (First) (Middle) 21300 VICTORY BLVD., 12TH FLOOR | | | | | | | | | | | | | | | below) | | below) enue Officer | | specify |
| (Street) WOODLAND HILLS CA 91367 | | | 4. 1 | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | | | |
| (City) | (S | tate) | (Zip) | | | | | | | | | | | | | | | | |
| | | Tab | le I - N | Non-Deri | vativ | e Sec | curit | ties Ac | quire | d, D | isposed o | f, or Be | eneficial | ly (| Owned | | | | |
| 1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/ | | | | Execution Date, | | Date, | 3. Transaction Code (Instr. 8) | | 4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and | | | Benefic Owned | | es ially Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | | Code | v | Amount | mount (A) or Pric | | | Reported Transaction(s) (Instr. 3 and 4) | | | | (Instr. 4) | | |
| Common Stock 06/11/20 | | | 2018 | 18 | | M ⁽¹⁾ | | 15,000 | Α | \$5 | 33 | | 3,872 | | D | | | | |
| Common Stock 06/11/20 | | | 2018 | 18 s ⁽¹⁾ | | | | 15,000 | D | \$43.909 | .9091(2) | | 18,872 | | D | | | | |
| | | - | Table I | | | | | | | | posed of, , convertil | | | / O\ | wned | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | | 4. Transa Code (8) | | | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amoun of Securities Underlying Derivative Security (Instr. 3 and 4) | | Derivative Security | | 9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4) | Owner Form: Direct or Indi (I) (Inst | Ownership | Beneficial Ownership (Instr. 4) |
| | | | | | Code | v | (A) | (D) | Date Exerc | isable | Expiration Date | Title | Amount or Number of Shares | | | | | | |
| Stock Option (right to | \$5 | 06/11/2018 | | | M ⁽¹⁾ | | | 15,000 | (3 | 3) | 03/02/2024 | Common Stock | 15,000 | | \$0.00 | 375,00 | 0 | 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 March 14, 2018.
- 2. The sale price represents the weighted-average price of shares sold ranging from \$43.70 to \$44.25 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 option is fully vested and immediately exercisable.

Remarks:

/s/ Karole Morgan-Prager, 06/13/2018 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.