FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| ington, D.C. 20549 | ОМ |
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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(h) |

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

IB 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

| 1. Name and Address of Reporting Person* <u>Unterman Thomas</u> | | | | | BLACKLINE, INC. [BL] | | | | | | | | | | ip of Reporting Pi plicable) ctor | | rson(s) to Is | |
|---|---|---|-----------------------------|-------------------------|--|---|--|-----------------------------|--|--|----------------------------|--|---|-------------------------------|---|---------------|--|--|
| (Last) | | 3. Date of Earliest Transaction (Month/Day/Year) 08/31/2023 | | | | | | | | | Officer (give title below) | | | Other (sbelow) | specify | | | |
| C/O BLACKLINE, INC. 21300 VICTORY BLVD., 12TH FLOOR | | | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting | | | | | |
| l` ′ | WOODLAND CA 91367 HILLS | | | | Rule 10b5-1(c) Transaction Indication | | | | | | | | | | | | | |
| (City) | (St | ate) (Z | Zip) | | Check satisfy | this box the affir | to indic | cate that a defense c | trans onditio | action was m ons of Rule 1 | nade pui 0b5-1(c | suant to a | contra truction | act, instri 10. | uction or writ | ten plaı | n that is inte | nded to |
| | | Table | I - Non-Deri | ative/ | Secu | rities | s Acq | uired, | Dis | osed of | , or E | Benefic | ially | Own | ed | | | |
| Date | | | Date | Date Month/Day/Year) | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | Transaction Code (Instr. | | 4. Securities Acquired (ADisposed Of (D) (Instr. 3, 5) | | | 4 and Securitie Benefici | | ies cially Following | Form (D) o | n: Direct r Indirect nstr. 4) | 7. Nature of Indirect Beneficial Ownership |
| | | | | | | | | Code | v | Amount | (A) (D) | or Pric | :e | Transa | ction(s) 3 and 4) | | | (Instr. 4) |
| Common | Stock | | 08/3 | 1/2023 | | | | S ⁽¹⁾ | | 750 | I | \$ | 60 | 54,470 D | | | | |
| Common Stock | | | | | | | | | | | | | 5(|),000 | | т | ETU Rustic Canyon Trust | |
| | | Tal | ble II - Deriva (e.g., ¡ | | | | | | | osed of, onvertib | | | | Owne | d | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | xercise (Month/Day/Year) if a e of vative (Mo | | Code | Transaction Code (Instr. | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exercisa Expiration Date (Month/Day/Year | | e Amount of | | Deri Sec (Ins | rivative curity str. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4) | ly | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | Code | v | (A) | (D) | Date Exercisa | able | Expiration Date | Title | Amount or Number of Shares | | | | | | |

Explanation of Responses:

1. The sale transaction reported on this Form 4 was effectuated pursuant to a Rule 10b5-1 trading plan adopted by the Reporting Person on December 12, 2022.

Remarks:

/s/ Karole Morgan-Prager, Attorney-in-Fact

09/01/2023

** 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.