Instruction 1(b)

## FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549
-------------	------	-------

<b>STATEMENT</b>	OF CHANGES IN	N BENEFICIAL	<b>OWNERSHIP</b>

OMB APPRO	OVAL
OMB Number:	3235-0287
Estimated average burd	en
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*  THOMPSON KEVIN B						2. Issuer Name <b>and</b> Ticker or Trading Symbol BLACKLINE, INC. [ BL ]								(Ch	eck all app	licable) tor		son(s) to Iss	wner	
(Last) 21300 V	•	rst) (	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 05/09/2018									Office below	er (give title v)		Other ( below)	specify	
(Street) WOODL HILLS	C.		91367			4. If Amendment, Date of Original Filed (Month/Day/Year) 05/11/2018						Line	e) <mark>X</mark> Form	Joint/Group Filing (Check Applicable filed by One Reporting Person filed by More than One Reporting n						
(City)	(S	-	(Zip)																	
		Tab	le I - No			_			÷		Disp					ly Owne	d			
1. Title of Security (Instr. 3)  2. Transac Date (Month/Date)						Execution Date,			,  т С	3. Transaction Code (Instr. 8)  4. Securities Acquired (ADisposed Of (D) (Instr. 35)			(A) or 3, 4 and	Benefi	es Fori ially (D) ( Following (I) (I			7. Nature of Indirect Beneficial Ownership (Instr. 4)		
									c	Code	V	Amount	mount (A) or (D)		Price	Transa	ction(s) 8 and 4)			(
Common Stock 05/09/2				9/2018	2018		1	A <sup>(1)</sup>		1,994 <sup>(2)</sup> A		\$0.00	) 3	3,606		D				
		Т	able II -									osed of onverti				Owned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deeme Execution if any (Month/Da	Date,	4. Transa Code ( 8)		of		Expi	6. Date Exercisable Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Sect (Instr. 3 and 4)			8. Price o Derivative Security (Instr. 5)		e s ally g	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v			Date Exer	e rcisable		xpiration ate			mount r lumber f hares					
Stock Option (right to buy)	\$41.37	05/09/2018			A		4,396			(3)	0!	5/08/2028	Comm		4,396	\$0.00	4,39	6	D	

## **Explanation of Responses:**

- 1. Reflects automatic annual restricted stock unit ("RSU") awards pursuant to the Issuer's Outside Director Compensation Policy.
- 2. The reported securities awarded on May 9, 2018 (the "Award Date") represent RSUs which vest in full upon the earlier of the one (1) year anniversary of the Award Date or the day prior to the Issuer's next annual meeting of the stockholders and in each case subject to the Reporting Person's continued service on the Issuer's board of directors through each vesting date.
- 3. The shares subject to the option will vest in full upon the earlier of the one (1) year anniversary of the Award Date or the day prior to the Issuer's next annual meeting of the stockholders and in each case subject to the Reporting Person's continued service on the Issuer's board of directors through each vesting date.

This Amendment is being filed to include the aggregate number of non-derivative shares beneficially owned, unintentionally omitted from the original filing on 5/11/2018.

/s/ Karole Morgan-Prager, 05/25/2018 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.