FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

isnington,	D.C.	20549			

OMB APPROVAL

OMB Number: 3235-0287

Estimated average burden 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* <u>Tucker Therese</u>		2. Issuer Name <b>and</b> Ticker or Trading Symbol BLACKLINE, INC. [ BL ]							5. Relationship of Rep Check all applicable) X Director V Officer (give	109	to Issuer % Owner her (specify
(Last) (First) (Middle 21300 VICTORY BLVD., 12TH FLOOR	·		ate of Earliest Tran	nsaction	ı (Mon	th/Day/Year)			helow)		ow)
(Street) WOODLAND HILLS CA 91367	,	4. If <i>A</i>	Amendment, Date	of Orig	inal Fi	led (Month/Da	ay/Year)			Group Filing (Che One Reporting F	Person
(City) (State) (Zip)	Ion Dominat		Pagunitias Ag		-d D:	·	f or D	anafia			
1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Ye	ar) i	Securities Ac 2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transa Code (	ction	4. Securities Disposed Of 5)	Acquire	d (A) or	5. Amount of Securities Beneficially Owned Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership
				Code	v	Amount	(A) or (D)	Price	Reported Transaction(s) (Instr. 3 and 4)		(Instr. 4)
Common Stock	05/20/202	2		F		3,543(1)	D	\$72.0	205,258	D	
Common Stock									1,509,881	I	Brian & Therese Tucker Living Trust
Common Stock									100,178	I	Brian & Therese Tucker Charitable Remainder Trust
Common Stock									100,178	I	Tucker Family CLAT
Common Stock									874,128	I	Tucker Legacy Trust
Common Stock									129,897	I	Tucker Legacy Trust II
Common Stock									577,200	I	Isaac Tucker 2012 Irrevocable Trust
Common Stock									577,200	I	Roseanna Tucker 2012 Irrevocable Trust
Common Stock									250,916	I	Tucker Seimetz Safety Net Trust
Common Stock									54,074	I	Claire Seimetz 2015 Trust

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction <b>Tal</b> Date (Month/Day/Year)	A Pep Dedrivat Execution Date, if any (e.g., pl (Month/Day/Year)	ITS0,dG{	curit action alls, v	Secur Acqu (A) or Dispo	<b>Univs</b> , rities ired r osed	i <b>feCitTher</b> Expiration Da <b>Options</b> y/ <b>C</b>	iss ଅଧିଷ୍ଟ ( tre an vertib	Under Deriva	RUSITIES lying ative ity (Instr.	Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
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)		of (D) Construction Secu Acqu (A) or Dispo	ative rities ired sed	6. Date Exerc Expiration Da (Month/Day/Y	ite ear)	7. Title Amou Secur Under Derive Secur 3 and Title	nt of ities lying tiye itw.(Instr-	8. Price of Derivative Security (Instr. 5)	Transaction(s) Insurance of the securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
Explanatio	n of Respons	es:				and 5	5)								
1. The reported shares were withheld to cover the Reporting Person's tax liability in connection with the vesting of restricted stock units. <b>Amount</b>															
Remarks	<b>\$</b> : 			Code	  v	(A)	(D)	Date Exercisable	Expiration Date /S/K		or Number of Morgan	- <u>Prager,</u>	 		

Attorney-in-Fact

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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.

<sup>\*\*</sup> Signature of Reporting Person D

 $<sup>^{\</sup>star}$  If the form is filed by more than one reporting person, see Instruction 4 (b)(v).

<sup>\*\*</sup> Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).