FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
OMB Number:	3235-0287								
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0.5

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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(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

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1. Name and Address of Reporting Person* THOMPSON KEVIN B						2. Issuer Name and Ticker or Trading Symbol BLACKLINE, INC. [BL]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
														X	Directo	r		10% Ov	vner	
(Last) (First) (Middle) 21300 VICTORY BLVD., 12TH FLOOR						3. Date of Earliest Transaction (Month/Day/Year) 10/01/2017									Officer below)	(give title		Other (s below)	specify	
								_												
(Street) WOODL HILLS	AND C	A	91367		4. 1	4. If Amendment, Date of Original Filed (Month/Day/Year)									Form f	dual or Joint/Group Filing Form filed by One Repo Form filed by More than			n	
					-										Persor		C triai	Tone repo	itung	
(City)	(S	tate)	(Zip)																	
		Tab	le I - Noi	ո-Deri\	<i>r</i> ative	Se	curitie	s Ac	quired,	Dis	osed c	of, or Be	enefic	cially	Owned	l				
			2. Trans Date (Month/		2A. Deemed Execution Date, if any (Month/Day/Year)		Transaction Disposed Code (Instr. 5)			rities Acquired (A) or d Of (D) (Instr. 3, 4 au				es Fo ially (D) Following (I)		: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership			
									Code	v	Amount	(A) or (D) Pr		ce	Transact	Reported Fransaction(s) Instr. 3 and 4)			(Instr. 4)	
Common	Stock	. 10/01/2017 A ⁽¹⁾ 1,612 ⁽²⁾ A \$0.00 1,612 D					D													
		7	able II -	Deriva	tive :	Secu	ırities	Acq	uired, Di	ispo	sed of	, or Ben	efici	ally (Owned					
				(e.g., p	outs,	calls	s, warr	ants	, option	s, c	onverti	ble sec	uritie	s)						
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. Transactio Code (Inst				6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		1 5	3. Price of Derivative Gecurity Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisable		xpiration ate	Title	Amo or Num of Shar	ber						
Stock Option (right to buy)	\$34.12	10/01/2017			A		3,633		(3)	0	9/30/2027	Common Stock	3,6	33	\$0.00	3,633		D		

Explanation of Responses:

- 1. Represents an initial restricted stock unit ("RSU") award issued pursuant to the Issuer's Outside Director Compensation Policy.
- 2. Each RSU represents a contingent right to receive one share of the Issuer's common stock upon settlement. 100% of the RSUs will vest upon the earlier of October 1, 2018 or the day prior to Issuer's next annual meeting of stockholders, subject to the Reporting Person's continued service through the applicable vesting date.
- 3. 100% of the shares subject to the option will vest upon the earlier of October 1, 2018 or the day prior to the Issuer's next annual meeting of stockholders, subject to the Reporting Person's continued service through the applicable vesting date.

Remarks:

/s/ Karole Morgan-Prager, Attorney-in-Fact 10/03/2017

** 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.