FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

	OMB APPRO	VAL							
	OMB Number:	3235-0287							
l	Estimated average burden								
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

	nd Address of		2. Issuer Name and Ticker or Trading Symbol BLACKLINE, INC. [ BL ]									Relationship of Reporting Person(s) to Issuer (Check all applicable)     X Director 10% Owner									
(Last) (First) (Middle) 21300 VICTORY BLVD., 12TH FLOOR							3. Date of Earliest Transaction (Month/Day/Year) 05/09/2018									(give title		Other (s			
(Street) WOODLAND HILLS CA 91367						4. If Amendment, Date of Original Filed (Month/Day/Year) 05/11/2018										6. Individual or Joint/Group Filing (Check Applicable Line)  X Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City) (State) (Zip)																					
		Tab	le I - Nor	n-Deriv	vative	_			quired,	Dis				_	Owned	l					
1. Title of Security (Instr. 3)  2. Transac Date (Month/Date)						Execution Date,			Transaction Disposed Code (Instr. 5)			ities Acquired (A) or d Of (D) (Instr. 3, 4 and				es ally Following	Form (D) o	n: Direct r Indirect istr. 4)	7. Nature of Indirect Beneficial Ownership		
									Code	v	Amount	(A) or (D)			Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)		
Common	Stock	9/2018	2018			A <sup>(1)</sup>		1,994	1,994 <sup>(2)</sup> A		00	26	26,994		D						
		Т	able II -						uired, D , option						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. Transactio Code (Inst				6. Date Exercisable an Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Secur (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)		9. Numbe derivative Securities Beneficia Owned Following Reported Transactie (Instr. 4)	e	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Date Exercisable		xpiration ate	Title	Amoun or Numbe of Shares	r							
Stock Option (right to buy)	\$41.37	05/09/2018			A		4,396		(3)	0	5/08/2028	Common Stock	4,396		\$0.00	4,396	5	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.

## Remarks:

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, Attorney-in-Fact 05/25/2018

\*\* 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.