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BLACKBAU	JD INC										
Form 4/A											
November 25	5, 2014										
FORM			CECUD				NCEO			PROVAL	
Washington, D.C. 20549						COMMISSION	OMB Number:	3235-0287			
Check thi if no long	ter.								Expires:	January 31 2005	
subject to STATEMENT OF CHA Section 16. Form 4 or				SECUR	ITIES				Estimated average burden hours per response 0		
Form 5 obligation may cont <i>See</i> Instru 1(b).	ns Section 17 inue. action	7(a) of the		ility Hold	ling Con	npan	y Act of	e Act of 1934, 1935 or Section 0	1		
(Print or Type F	Responses)										
			2. Issuer Name and Ticker or Trading Symbol BLACKBAUD INC [BLKB]					5. Relationship of Reporting Person(s) to Issuer			
(Last)	(First)	(Middle)	3. Date of	Earliest Transaction				(Check all applicable)			
(M				(Month/Day/Year) 11/07/2014				Director 10% Owner X Officer (give title Other (specify below) below) below) Senior VP of Human Resources			
Filed(Moi 11/12/2			endment, Date Original onth/Day/Year) 2014				 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting 				
CHARLEST	FON, SC 29492							Person		porting	
(City)	(State)	(Zip)	Tabl	e I - Non-D	erivative	Secur	ities Acq	uired, Disposed of	, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction Da (Month/Day/Year	r) Execution any	on Date, if	Transaction(A) or		(A)		5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		
				Code V	Amount	or (D)	Price	(Instr. 3 and 4)			
Common Stock	11/07/2014			F	881 <u>(1)</u>		\$ 44.97	36,060	D		
Common Stock	11/07/2014			F	1,116 (2)	D	\$ 44.97	34,944	D		
Common Stock	11/10/2014			F	537 <u>(3)</u>	D	\$ 44.82	34,407	D		
Common Stock	11/12/2014			F	590 <u>(4)</u>	D	\$ 44.75	33,817	D		

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

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 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative	2. Conversion	3. Transaction Date (Month/Day/Year)		4. Transactio	5. Mumber	6. Date Exerce Expiration D		7. Titl Amou		8. Price of Derivative	9. Nu Deriv
Security (Instr. 3)	or Exercise Price of Derivative Security	(Month Day Tear)	any (Month/Day/Year)	Code (Instr. 8)	of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	(Month/Day/ e		Under Secur	rlying	Security (Instr. 5)	Secur Bene Owno Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
MISTRETTA JOHN J 2000 DANIEL ISLAND DRIVE CHARLESTON, SC 29492			Senior VP of Human Resources				
Signatures							
/o/ Donald D. Downalda							

/s/ Donald R. Reynolds,	11/25/2014			
Attorney-in-Fact	11/23/2014			
**Signature of Reporting Person	Date			

Explanation of Responses:

- * 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).
- (1) Represents shares forfeited to the Issuer in connection with the satisfaction of tax liabilities incurred upon the vesting of restricted stock granted November 6, 2012.
- (2) Represents shares forfeited to the Issuer in connection with the satisfaction of tax liabilities incurred upon the vesting of restricted stock granted November 6, 2013.
- (3) Represents shares forfeited to the Issuer in connection with the satisfaction of tax liabilities incurred upon the vesting of restricted stock granted November 8, 2010.
- (4) Represents shares forfeited to the Issuer in connection with the satisfaction of tax liabilities incurred upon the vesting of restricted stock granted November 10, 2011.

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Remarks:

This amendment is being filed to report the correct number of shares forfeited.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.