FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Check this box if no longer subject to
Section 16. Form 4 or Form 5
obligations may continue. See
Instruction 1(b).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL 3235-0287 Estimated average burden 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* Olson Jon W						2. Issuer Name and Ticker or Trading Symbol BLACKBAUD INC [BLKB]									eck all applic Directo	•		on(s) to Issu 10% Ov Other (s	vner
(Last) (First) (Middle) 2000 DANIEL ISLAND DRIVE						3. Date of Earliest Transaction (Month/Day/Year) 06/19/2015									below)	General	Cour	below)	specify
(Street) CHARLESTON SC 29492 (City) (State) (Zip)					4. If Amendment, Date of Original Filed (Month/Day/Year)										Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person				
1. Title of Security (Instr. 3) 2. Trans Date (Month/It					action	z) E	2A. Deemed Execution Date, if any (Month/Day/Yea		3. Transaction Code (Instr					(A) or	5. Amour Securitie Beneficia Owned F	nt of es ally collowing	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership
									Code	v	Amount		A) or D)	Price	Reported Transact (Instr. 3 a	ion(s)			(Instr. 4)
Common Stock 06/19						/2015					2,000	(1)	D	\$60	13,	13,899		D	
1. Title of Derivative Security	e.g., p	4. Transaction Code (Instr.		5. Number of Derivative		6. Date Ex Expiration	tired, Disposed of, or Benefici options, convertible securities 6. Date Exercisable and Expiration Date (Month/Day/Year) 7. Title and Am of Securities Underlying				Amount	8. Price of Derivative Security	9. Number of derivative Securities		10. Ownership Form:	Beneficial			
(Instr. 3)	Price of Derivative Security		(Month/Day	ay/Year)	8)		Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)					Derivative Securi (Instr. 3 and 4)			(Instr. 5)	Beneficial Owned Following Reported Transactio (Instr. 4)		Direct (D) or Indirect (I) (Instr. 4)	t (Instr. 4)
					Code	v	(A)	(D)	Date Exercisab	ate Exercisable C		Title		Amount or Number of Shares					
Stock Appreciation Right	\$22.34								(2)	1	11/11/2016	Comr		7,000		7,000		D	
Stock Appreciation Right	\$26.79								(3)	1	11/07/2017	Comm		12,277		12,277	7	D	
Stock Appreciation Right	\$28.06								(4)	1	11/09/2018	Comm		15,493		15,493	3	D	
Stock Appreciation	\$22.24								(5)	1	11/05/2019	Comr		14,600		14,600		D	

Explanation of Responses:

- 1. This sale was effected pursuant to a Rule 10b5-1 trading plan executed by the reporting person on May 14, 2015 and effective on June 1, 2015.
- 2. Represents a stock appreciation right which vested in four equal annual installments beginning on November 10, 2010, subject to continued employment, and shall be settled in stock at time of exercise.
- 3. Represents a stock appreciation right which vested in four equal annual installments beginning on November 8, 2011, subject to continued employment, and shall be settled in stock at time of exercise.
- 4. Represents a stock appreciation right which vests in four equal annual installments beginning on November 10, 2012, subject to continued employment, and shall be settled in stock at time of exercise.
- 5. Represents a stock appreciation right which vests in four equal annual installments beginning on November 6, 2013, subject to continued employment, and shall be settled in stock at time of exercise.

Remarks:

/s/ Donald R. Reynolds, Attorney-in-Fact ** Signature of Reporting Person

06/23/2015

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.