FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT	OF CHANGES	S IN BENEFICIAL	OWNERSHIP

l	OMB APPRO	VAL
	OMB Number:	3235-0287
l	Estimated average burd	en
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.

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1. Name and Address of Reporting Person*						2. Issuer Name and Ticker or Trading Symbol BLACKBAUD INC [ BLKB ]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
Gianoni Michael P					1	DESCRIPTION INC.									X Dire	ctor	10% (	Owner
(1+)		=:4)	'A 4: -1 -11 - \		3 D	Date of Earliest Transaction (Month/Day/Year)							1	X Office below	er (give title	Other below	(specify	
(Last) (First) (Middle)					02/16/2018								belo	,	t and CEO	,		
2000 DANIEL ISLAND DRIVE														11034040 4114 020				
(Stroot)					4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable				
(Street) CHARLESTON SC 29492												Lin	,	<b>,</b>				
															Form filed by More than One Reporting			
(City)	(	State) (	Zip)													Person		
		Tab	le I - No	on-Deriv	ative	Sec	uritie	s Acc	quired	, Dis	posed o	f, or	Bene	ficia	lly Own	ed		
1. Title of Security (Instr. 3)  2. Transacti Date (Month/Day					Execution Date,				es Acquired (A) or Of (D) (Instr. 3, 4 a			5) Secu Bene Owne	ficially ed Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership			
									Code	v	Amount	(A) or (D) Price		rice		rted action(s) . 3 and 4)		(Instr. 4)
Common Stock 02/16/20				2018	018		S		11,600	D \$98		98.8	(1) 2	60,343	D			
Common Stock 02/16/20				2018	018		S		400	I	\$	99.41	1(2) 2	59,943	D			
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																	
Derivative Conversion Date Execution Date, T Security or Exercise (Month/Day/Year) if any				ansaction of Deri Sec Acq (A) of Disp of (I		sed . 3, 4	6. Date Expirati (Month/	on Da		7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)			8. Price of Derivative Security (Instr. 5)		Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Date Exercis	able	Expiration Date	Title	Amo or Num of Shar	oer				

## **Explanation of Responses:**

- 1. This transaction was executed in multiple trades at prices ranging from \$98.31 to \$99.30. The price reported in Column 4 is a weighted average price. The reporting person hereby undertakes to provide upon request to the SEC staff, the Issuer or a security holder of the Issuer full information regarding the number of shares and prices at which the transactions were effected.
- 2. This transaction was executed in multiple trades at prices ranging from \$99.36 to \$99.49. The price reported in Column 4 is a weighted average price. The reporting person hereby undertakes to provide upon request to the SEC staff, the Issuer or a security holder of the Issuer full information regarding the number of shares and prices at which the transactions were effected

## Remarks:

/s/ Donald R. Reynolds, Attorney-in-Fact

02/20/2018

\*\* 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.