FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| l | OMB APPRO | VAL |
|---|------------------------|-----------|
| | OMB Number: | 3235-0287 |
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| 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

| 1. Name and Address of Reporting Person* BOOR ANTHONY W (Last) (First) (Middle) 2000 DANIEL ISLAND DRIVE | | | | | | | Issuer Name and Ticker or Trading Symbol BLACKBAUD INC [BLKB] 3. Date of Earliest Transaction (Month/Day/Year) 11/07/2014 | | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner X Officer (give title Other (specify below) CFO and Senior VP | | | | 6 Owner er (specify | | |
|---|--|---------------|--|--|-------|---|--|---|---|------------------------------------|--|---------------------|---|-------|--------------------|---|--|---|---|---|--|--|
| (Street) CHARLE (City) | CHARLESTON SC 29492 | | | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) 11/12/2014 | | | | | | | | | Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Da | | | | | | | Execution Date, | | 3. Transaction Code (Instr. 8) | | 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5) | | | | 4 and Secu Bene | | cially I Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | of Indirect | | | |
| | | | | | | | | | Code | v | Amount | (A | () or () | Price | | Transa | action(s) 3 and 4) | | (1113111 4) | | | |
| Common Stock 11/07/2 | | | | | | | | | | | | 867(1) | | D | \$44.97 | | 34,628 | | D | | | |
| Common | Common Stock 11/07/2 | | | | | | 2014 | | | F | F 1,1 | | (2) D \$4 | | \$44 | 4.97 33,429 | | 3,429 | D | | | |
| | | | Та | | | | | | | | | sed of, onvertib | | | | | vned | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | on li se (| 3. Transaction Date (Month/Day/Year) | 3A. Deem Execution if any (Month/Da | Date, | 4. Transaction Code (Instr. 8) | | of | | 6. Date E Expiratio (Month/E | n Dat | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) | | | | | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership t (Instr. 4) | | |
| | | | | Code | v | (A) | (D) | Date Exercisa | | Expiration Date | Title | or | ount nber ıres | | | | | | | | | |

Explanation of Responses:

- 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.

Remarks:

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

/s/ Donald R. Reynolds, by Power of Attorney

11/25/2014

** 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.