### 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(h)

## 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*  MOONEY KEVIN W						2. Issuer Name and Ticker or Trading Symbol BLACKBAUD INC [ BLKB ]									f Reporting Person( able) (give title		s) to Issu 10% Ov Other (s	vner
(Last) (First) (Middle) 2000 DANIEL ISLAND DRIVE						3. Date of Earliest Transaction (Month/Day/Year) 11/10/2010								X Officer (give title Officer (specify below)  Pres Gen Markets Business Unit				
(Street) CHARLESTON SC 29492  (City) (State) (Zip)					4. If Amendment, Date of Original Filed (Month/Day/Year)									6. 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-Deriv.  1. Title of Security (Instr. 3)  2. Trans: Date (Month/L					action	2 Enr) if	2A. Deemed Execution Date, if any (Month/Day/Yea		3. Transaction Code (Instr.					5. Amou Securitie Beneficie Owned F	nt of es ally Following	6. Owners Form: Dir (D) or Ind (I) (Instr.	rect I irect I 4) (	7. Nature of Indirect Beneficial Ownership
									Code	v	Amount	(A) (D)	or Price	Reported Transact (Instr. 3 a	tion(s)			(Instr. 4)
Common Stock 11/10						/2010			F		636(1)	) D	\$2	7 25,	,639	D		
								s, warrants,		uired, Disposed of, or Benefici , options, convertible securitie  6. Date Exercisable and Expiration Date (Month/Day/Year)  7. Title and Am of Securities Underlying Derivative Sect				8. Price of Derivative Security	9. Number derivative Securities Beneficial	Ow	nership	11. Nature of Indirect Beneficial Ownership
(	Derivative Security		,	,,,,,,,,,	-,		Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)					(Instr. 3 and 4)			Owned Following Reported Transactio (Instr. 4)	or (I)	Indirect (Instr. 4)	(Instr. 4)
					Code	v	(A)	(D)	Date Exercisab		Expiration Date	Title	Amoun or Numbe of Shares					
Stock Appreciation Right	\$26.79								(2)	1	11/07/2017	Common Stock	33,482	2	33,482	,482 I		
Stock Appreciation Right	\$21.4								(3)		08/09/2015	Common Stock	65,009	)	65,009		D	
Stock Appreciation Right	\$12.4								(4)	1	11/08/2015	Common Stock	10,000		10,000		D	
Stock Appreciation	\$22.34								(5)		11/10/2019	Common	55,26	5	55,265	5	D	

# **Explanation of Responses:**

- 1. Represents shares forfeited to the company in connection with the satisfaction of tax liabilities incurred upon the vesting of restricted stock granted November 10, 2009.
- 2. Represents a stock appreciation right which vests in four equal annual installments beginning on November 8, 2011, subject to continued employment, and shall be settled in stock at time of exercise.
- 3. Represents a stock appreciation right which vests in four equal installments beginning on August 8, 2009, 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 installments beginning on November 7, 2009, 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 installments beginning on November 10, 2010, subject to continued employment, and shall be settled in stock at time of exercise.

# Remarks:

/s/ Donald R. Reynolds, 11/12/2010 Attorney-in-Fact

\*\* 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.