FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Check this box if no longer subject to
Section 16. Form 4 or Form 5
bligations may continue. See

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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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* MISTRETTA JOHN J							2. Issuer Name and Ticker or Trading Symbol BLACKBAUD INC [BLKB]									all applic Directo	able) r	g Pers	10% Ov	vner
(Last) (First) (Middle) 2000 DANIEL ISLAND DRIVE							3. Date of Earliest Transaction (Month/Day/Year) 11/07/2016									X Officer (give title Other (speed below) EVP of Human Resources				
(Street) CHARLESTON SC 29492 (City) (State) (Zip)							If Amendment, Date of Original Filed (Month/Day/Year) tive Securities Acquired, Disposed of, or Beneficents									dividual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person				
1. Title of Security (Instr. 3) 2. Transac Date (Month/Date)						action	2. E r) if	A. Deen xecutio	ned	3. Transa Code (3. Transaction Code (Instr.		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4			5. Amou Securitie Beneficia Owned F	nt of es ally Following			7. Nature of Indirect Beneficial Ownership
										Code	v	Amount	(A) oi (D)	Pric	се	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)
Common Stock 11/07/										F		1,255(55 ⁽¹⁾ D :		8.83	77,702			D	
Common Stock 11/07/						/2016				F		1,590 ⁽²⁾ D		\$5	8.83	76,112			D	
			Та	ıble II -								osed of, convertil				wned				
1. Title of Derivative Security (Instr. 3)	2. Conversi or Exerci Price of Derivativ Security	se (Month/	action Day/Year)	3A. Deer Execution if any (Month/I		4. Transa Code (8)		ion of I		Expiration	6. Date Exercis Expiration Date (Month/Day/Yea		7. Title and Amor of Securities Underlying Derivative Secur (Instr. 3 and 4)		5	. Price of Perivative Pecurity Instr. 5)	9. Numbe derivative Securities Beneficia Owned Following Reported Transacti (Instr. 4)	e s ally g	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
						Code	v	(A)	(D)	Date Exercisa		Expiration Date	Title	Amo or Num of Shar	ber					
Stock Appreciation Right	\$26.79									(3)		11/07/2017	Common Stock	7,1	61		7,16	1	D	
Stock Appreciation	\$28.06									(4)		11/09/2018	Common Stock	22,8	387		22,88	37	D	

Explanation of Responses:

\$22.24

- 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 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 vested 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 performance stock appreciation right ("PSAR") which vested in four equal annual installments beginning on November 6, 2013 since the Issuer maintained a 25% increase in its stock price over \$22.24 for 30 consecutive days prior to November 6, 2013. The PSARs shall be settled in stock at the time of exercise.

(5)

Remarks:

Performance Stock

Appreciation

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

Common

Stock

80,504

11/05/2019

11/09/2016

80,504

D

** 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.