FORM 4

obligations may continue. See Instruction 1(b).

Check this box if no longer subject to Section 16. Form 4 or Form 5

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL OMB Number: 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* | | | | | | 2. Issuer Name and Ticker or Trading Symbol BLACKBAUD INC [BLKB] | | | | | | | | | | | all appli Directo | fficer (give title | | 10% Ov | /ner | |
|---|---|--|---|--------------------|--------------------------------------|--|---|-----|--|-------------------------------------|------|--|-------------|---------------|--|--|---|---|---------------|--|--|--|
| (Last) (First) (Middle) 2000 DANIEL ISLAND DRIVE | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 10/30/2006 | | | | | | | | | | X | below) | | | Other (s below) chnologies | | |
| (Street) CHARLESTON SC 29492 | | | | | | 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 | | | | | |
| (City) | (S | · | (Zip) | a Davis | | | | ^- | | الممينا | | | | D. | | 11 | 0 | | | | | |
| Table I - Non-Deriva 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date) | | | | | | ar) | 2A. Deemed Execution Date, if any (Month/Day/Year) | | | 3. Transac Code (Ir 8) | tion | 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5) | | | | or 5. Amou Land Securiti Benefic | | nt of es ally -ollowing | Forn (D) o | n: Direct or Indirect nstr. 4) | 7. Nature of Indirect Beneficial Ownership | |
| | | | | | | | | | | Code | v | Amount | | (A) or (D) | Price | | Transac (Instr. 3 | tion(s) | | | (Instr. 4) | |
| Common Stock 10/30/ | | | | | | | | | | F | | 1,164 | (1) | D | \$24.2 | | 47,795 | | D | | | |
| Common Stock | | | | | | | | | | | | | | | | 20, | | ,078 | | I | GRAT | |
| | | Т | able II - | Deriva (e.g., p | | | | | | | | | | | | y O | wned | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemo Execution if any (Month/Da | Date, | 4. Transactio Code (Inst 8) | | n of I | | | Pate Exe piration I ponth/Day | Date | | of Securiti | | ies I g Security (| | 3. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4) | ly O | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | Code | v | (A) | (D) | | Date Exercisable | | opiration | Title | | Amount or Number of Shares | mber | | | | | | |
| Stock Option (Right to Buy) | \$4.8 | | | | | | | | | (2) | 10 |)/13/2009 | Com Sto | mon ock | 25,386 | | | 25,386 | 5 | D | | |
| Stock Option (Right to | \$5.44 | | | | | | | | | (3) | 12 | 2/17/2012 | Com | mon ock | 8,654 | | | 8,654 | | 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.
- 2. The option vested at 37.5% at 18 months and 12.5% at 6 months thereafter.
- 3. The option vests in four equal annual installments beginning on 12/17/2003.

Remarks:

Andrew L. Howell, Attorney-

in-Fact

** Signature of Reporting Person

Date

11/01/2006

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.