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| Bridgeline D | Digital, Inc. | | | | | | | | | | |
|--|---|-------|-----------------------------------|--|------------|---------------------------------|---|--|--|---|--|
| Form 4 | 013 | | | | | | | | | | |
| August 23, 2013 FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 | | | | | | | | OMB AF OMB Number: | PPROVAL 3235-0287 | | |
| Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b). Check this box if no longer subject to StateMent of CHANGES IN BENEFICIAL OWNERSHIP SECURITIES Filed pursuant to Section 16(a) of the Securities Exchange Act of 1 Section 17(a) of the Public Utility Holding Company Act of 1935 or S 30(h) of the Investment Company Act of 1940 | | | | | | Act of 1934, 1935 or Section | Expires: Estimated a burden hour response | • | | | |
| (Print or Type I | Responses) | | | | | | | | | | |
| CAVALIER JOHN C Symbol | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | |
| | (First) GELINE DIGITA LANCHARD RO | AL, | 3. Date of (Month/D 08/21/2 | • | ransaction | | - | _X_ Director Officer (give t below) | 10% |) Owner r (specify | |
| | | | | onth/Day/Year) | | | 6. Individual or Joint/Group Filing(Check Applicable Line) | | | | |
| BURLING | FON, MA 01803 | 3 | | | | | | _X_ Form filed by O Form filed by Mo Person | | | |
| (City) | (State) | (Zip) | Tabl | e I - Non-I | Derivative | Securi | ities Acqu | ired, Disposed of, | or Beneficial | ly Owned | |
| 1.Title of Security (Instr. 3) | 2. Transaction Dat (Month/Day/Year) | | Date, if | 3. Transactic Code (Instr. 8) Code V | | ed of (| D) | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| Common Stock | 08/21/2013 | | | S | 14,950 | D | \$ 1.1112 | 83,383 | D | | |

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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 control number.

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. Transact Code (Instr. 8) | 5. tionNumber of) Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | ; | Date | Amou Unde Secur | le and ant of rlying ities . 3 and 4) | 8. Price of Derivative Security (Instr. 5) | 9. Nu Deriv Secu Bene Owno Follo Repo Trans (Instr |
|---|---|---|---|--------------------------------------|---|---------------------|--------------------|-----------------------|---|---|--|
| | | | | Code V | V (A) (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | |

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Reporting Owners

| Reporting Owner Name / Address | | Relationships | | | | | | |
|--|-----------------------|---------------|---------|-------|--|--|--|--|
| Troporting 0 wher | Director | 10% Owner | Officer | Other | | | | |
| CAVALIER JOHN C/O BRIDGELINE 80 BLANCHARD I BURLINGTON, M | DIGITAL, INC. ROAD | Х | | | | | | |
| Signatures | | | | | | | | |
| /s/ John C. Cavalier | 08/23/20 | 13 | | | | | | |
| <u>**</u> Signature of Reporting Person | Date | | | | | | | |

Explanation of Responses:

* 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. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.