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BOTTOMLINE TECHNOLOGIES INC /DE/

Form 4

September 22, 2008

FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION							OMB APPROVAL					
1 OTTIV	UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549							OMB Number: 3235-028				
Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b). STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES SECURITIES STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES SECURITIES Expires: January 3: 200 Estimated average burden hours per response 0. Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940												
(Print or Type R	Responses)											
1. Name and A FORTUNE	Symbol	2. Issuer Name and Ticker or Trading Symbol BOTTOMLINE TECHNOLOGIES					5. Relationship of Reporting Person(s) to Issuer					
			INC /DE/ [EPAY]					(Check all applicable)				
(Last) BOTTOMLI EUROPE, 1	(Month/D GIES 09/18/20	•	ansaction			Director 10% Owner X Officer (give title Other (specify below) Chief Operating Officer						
READING,	ndment, Date Original th/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							
(City)	(State) (Zij	p) Table	ı I - Non-D	arivativa S	ocurit	ios Aco	Person uired, Disposed of	or Ranaficia	lly Owned			
1.Title of Security (Instr. 3)	2. Transaction Date 2 (Month/Day/Year) E	Table	3.	4. Securit on(A) or Dis (D) (Instr. 3, 4)	ies Ac sposed	quired of	5. Amount of Securities Beneficially Owned	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)				
Common stock	09/18/2008		A	60,000 (1)	A	\$0	190,266	D				
Common stock							1,444	I	As trustee for Harriet Fortune Trust			
Common stock							1,444	I	As trustee for Matthew Fortune			

Trust

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

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SEC 1474 (9-02)

> 9. Nu Deriv Secur Bene Own Follo Repo Trans

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	4	5.	6. Date Exerc	cisable and	7. Tit	le and	8. Price of
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transa	ction	Number	Expiration D	ate	Amou	ınt of	Derivative
Security	or Exercise		any	Code	(of	(Month/Day/	Year)	Unde	rlying	Security
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8	8) 1	Derivative	e		Secur	ities	(Instr. 5)
	Derivative					Securities			(Instr.	. 3 and 4)	
	Security				1	Acquired					
	·				((A) or					
						Disposed					
						of (D)					
						(Instr. 3,					
						4, and 5)					
						.,					
										Amount	
							Date	Expiration		or	
							Exercisable Date	Title Nu	Number		
								Date		of	
				Code	V	(A) (D)				Shares	

Reporting Owners

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

FORTUNE PETER S BOTTOMLINE TECHNOLOGIES EUROPE 115 CHATHAM ST READING, X0 RG1 7JX

Chief Operating Officer

Signatures

Kevin Donovan as POA for Peter S. Fortune

09/18/2008

**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).
- This grant vests in installments over a four year period, commencing one year after the grant date, with 25% becoming vested one year (1) after the date of grant and an additional 6.25% of the original number of shares at the end of each successive three-month period following the first anniversary of the grant date until the fourth anniversary of the grant date.

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.

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