Edgar Filing: BLUE NILE INC - Form 4

BLUE NILE	INC										
Form 4											
January 08, 2	2007										
FORM	4		~ ~ ~ ~ ~						OMB AF	PROVAL	
	UNITED	STATES		RITIES A shington,			NGE C	COMMISSION	OMB Number:	3235-0287	
Check thi									Expires:	January 31,	
if no longer subject to STATEMENT OF CH						ICIA	LOW	NERSHIP OF	Estimated a	2005 Verage	
Section 16.				SECURITIES					burden hours per		
Form 4 or Form 5			~ • •		~ .				response	0.5	
obligation	no -						-	e Act of 1934,			
may cont				•	•	· ·		1935 or Section	n		
See Instru	uction	30(h)	of the In	vestment	Compan	y Ac	t of 194	10			
1(b).											
(Print or Type F	Responses)										
5 1	I I I I I I										
1. Name and Address of Reporting Person [*] _ 2. Issuer Name and Ticker or Trading 5. Relationship of							Reporting Person(s) to				
BELL SUSAN S Symbo								Issuer			
				BLUE NILE INC [NILE]				(Chaok all applicable)			
(Last) (First) (Middle) 3. [3. Date of Earliest Transaction				(Check all applicable)			
			(Month/E		unsuetion			Director	10%	Owner	
C/O BLUE	NILE, INC., 705	FIFTH	01/04/2	-				X_{-} Officer (give		er (specify	
AVENUE S	, STE 900							below)	below) Senior VP		
	(Street)		4 If Ama	ndmont De	to Origina					c (Chaolr	
				. If Amendment, Date Original Filed(Month/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line)			
rned(month				lui/Day/Tear)				_X_ Form filed by One Reporting Person			
SEATTLE,	WA 98104							Form filed by M Person	Iore than One Re	porting	
								Person			
(City)	(State)	(Zip)	Tabl	e I - Non-D	erivative	Secur	ities Acq	uired, Disposed of	, or Beneficial	ly Owned	
1.Title of	2. Transaction Date	e 2A. Dee	med	3.	4. Securi		-	5. Amount of	6. Ownership	7. Nature of	
Security	(Month/Day/Year)		on Date, if	Transaction(A) or Disposed of (D) C_{1}				Securities	Form: Direct		
(Instr. 3)		any (Month/	Code (Instr. 3, 4 and 5) /Day/Year) (Instr. 8)				5)	Beneficially Owned	(D) or Indirect (I)	Beneficial Ownership	
		(Infolicity)	Duy/Teur)	(1131.0)				Following	(Instr. 4)	(Instr. 4)	
						(A)		Reported			
						or		Transaction(s)			
				Code V	Amount	(D)	Price	(Instr. 3 and 4)			
Common Stock (1)	01/04/2007			S <u>(1)</u>	2,000 (1)	D	\$ 37.19	9,958	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)

Edgar Filing: BLUE NILE INC - Form 4

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. Transactic Code (Instr. 8)	5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3,		ate	7. Titl Amou Under Secur (Instr.	int of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Own Follo Repo Trans (Instr
				Code V	4, and 5) (A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Ad	dress	Relationships							
	Director	10% Owner	Officer	Other					
BELL SUSAN S C/O BLUE NILE, INC. 705 FIFTH AVENUE S, ST SEATTLE, WA 98104	Е 900		Senior VP						
Signatures									
/s/ Susan S. Bell	01/08/2007								
<u>**Signature of</u> 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).

(1) This sale was affected pursuant to a Rule 10b5-1 trading plan adopted by the reporting person.

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.