Edgar Filing: ZILINSKI JAMES W - Form 4

ZILINSKI JA Form 4													
November 19	Л										PPROVAL		
	ORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549							OMB Number:	3235-0287				
Check this if no longe subject to Section 16 Form 4 or Form 5	EMENT O		SECU	burden hou	Expires:January 31, 2005Estimated average burden hours per response0.5								
obligations may contin <i>See</i> Instruct 1(b).	Section 1	7(a) of the		ility Ho	oldi	ing Com	pany	Act o	ge Act of 1934, f 1935 or Sectio 40	n			
(Print or Type Re	esponses)												
ZILINSKI JAMES W S			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) BERKSHIRE CO OF AME STREET			3. Date of (Month/Da 11/18/20	ay/Year)		nsaction			X Director Officer (give below)		6 Owner er (specify		
	(Street)	(Street) 4. If Amen Filed(Mont				e Original			 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person 				
PITTSFIELD	D , MA 01201								Form filed by M Person	More than One Ro	eporting		
(City)	(State)	(Zip)	Table	e I - Non	1-De	erivative S	Securi	ties Ac	quired, Disposed o	f, or Beneficia	lly Owned		
1.Title of Security (Instr. 3)	2. Transaction (Month/Day/Ye	ear) Executio any		3. Transa Code (Instr.	8)	4. Securi nAcquired Disposed (Instr. 3, Amount	l (A) o l 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)			
Common Stock	11/18/2010			A <u>(1)</u>		3,000	A	\$0	35,078	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)

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1. Title of Derivative Security (Instr. 3)	ive Conversion (Month/Day/Year) Execution I 7 or Exercise any			4. Transactic Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D)			7. Title and Amount of Underlying Securities (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owne Follo Repo Trans (Instr
Repor	rting O	wners		Code V	(Instr. 3, 4, and 5) (A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Director

Х

Reporting Owner Name / Address
ZILINSKI JAMES W
BERKSHIRE LIFE INSURANCE CO OF AMERICA
700 SOUTH STREET

Signatures

PITTSFIELD, MA 01201

Kevin Donovan as POA for James W. 11/19/2010 Zilinski **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).

(1) This grant vests on the earlier of the first anniversary of the grant date or the date of the company's next annual meeting.

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.

Relationships

10% Owner Officer Other