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BOTTOMLINE TECHNOLOGIES INC /DE/

Form 4

February 26, 2008

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

SECURITIES

OMB

3235-0287 Number:

OMB APPROVAL

January 31, Expires: 2005

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response... 0.5

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

obligations

may continue.

See Instruction

Check this box

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

1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person * ZILINSKI JAMES W

2. Issuer Name and Ticker or Trading Symbol

Issuer

5. Relationship of Reporting Person(s) to

BOTTOMLINE TECHNOLOGIES

3. Date of Earliest Transaction

(Check all applicable)

INC /DE/ [EPAY] (Middle)

(Zip)

(Month/Day/Year) 11/15/2007

_X__ Director 10% Owner Other (specify Officer (give title

BERKSHIRE LIFE INSURANCE CO OF AMERICA, 700 SOUTH

(Street)

(State)

(First)

STREET

(City)

(Last)

4. If Amendment, Date 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

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

PITTSFIELD, MA 01201

1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)	4. Securities Acquired on(A) or Disposed of (D) (Instr. 3, 4 and 5)		5. Amount of Securities Beneficially Owned Following	6. Ownership Form: Direct (D) or Indirect (I)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
			Code V	Amount	(A) or (D)	Price	Reported Transaction(s) (Instr. 3 and 4)	(Instr. 4)	
Common stock	11/15/2007		A(1)	3,000	A	\$ 0	20,000	D	
Common stock	02/22/2008		M(2)	15,000	A	\$8	35,000	D	
Common stock	02/22/2008		F(2)	8,922	D	\$ 13.45	26,078	D	

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

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02)

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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. Transactic Code (Instr. 8)	TransactionDerivative Code Securities		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)	
				Code V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Stock option (Right to buy)	\$ 8	02/22/2008		M	1	5,000	04/23/1999	04/23/2008	Common stock	15,000

Reporting Owners

Reporting Owner Name / Address	Keiauonsnips				
	Director	10% Owner	Officer	Other	
ZILINSKI JAMES W BERKSHIRE LIFE INSURANCE CO OF AMERICA 700 SOUTH STREET PITTSFIELD, MA 01201	X				
Clausatuuraa					

Signatures

Kevin Donovan as POA for James W. 22/26/2008

**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).
- (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.
- The items with Transaction Codes "M" and "F" in Table I relate to the recently announced Director option exchange program, where shares were withheld by the issuer in payment of the exercise price of the option reported in Table II. The reporting person is prohibite
- shares were withheld by the issuer in payment of the exercise price of the option reported in Table II. The reporting person is prohibited from selling the remaining 6,078 shares for a period of two years from the exercise 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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