Edgar Filing: COLDRICK WILLIAM - Form 4

| COLDRICK Form 4 | WILLIAM | | | | | | | | | | |
|---|--|--|--|----------------------|-----------|--------------------------------|---|--|---------------------------------------|--|--|
| December 10 | | | | | | | | | | | |
| FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 | | | | | | | | 9PROVAL 3235-0287 | | | |
| Check thi if no long subject to Section 1 Form 4 or Form 5 obligatior | er STATEMI 6. Filed pursu | STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, | | | | | | Estimated burden hou response | Estimated average burden hours per | | |
| 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 R | Responses) | | | | | | | | | | |
| COLDRICK WILLIAM Symbol | | | | l Ticker or | | | 5. Relationship of Reporting Person(s) to Issuer | | | | |
| (Last) | (First) (Mi | iddle) 3. Date | 3. Date of Earliest Transaction (Check | | | | | ck all applicabl | c all applicable) | | |
| C/O BRIDGELINE SOFTWARE, 07/05/20 INC., 10 SIXTH ROAD | | | | n/Day/Year) /2007 | | | | X_ Director 10% Owner Officer (give title Other (specify below) below) | | | |
| (Street) 4. If Amendr Filed(Month/I | | | | - | l | | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person | | | | |
| WOBURN, MA 01801 Form filed by More than One Reporting Person | | | | | | | | eporting | | | |
| (City) | (State) (Z | Zip) Ta | ble I - Non-E | Derivative S | Securi | ties Ac | quired, Disposed o | of, or Beneficia | lly Owned | | |
| 1.Title of Security (Instr. 3)2. Transaction Date (Month/Day/Year)2A. Deemed Execution Date, any (Month/Day/Year) | | 3. 4. Securities f TransactionAcquired (A) or Code Disposed of (D) (Instr. 8) (Instr. 3, 4 and 5) | | | | SecuritiesHBeneficially(OwnedH | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |
| | | | Code V | Amount | or (D) | Price | (Instr. 3 and 4) | | | | |
| Common Stock | 07/05/2007 | | Р | 4,000 | А | \$ 5 | 68,667 | D | | | |
| Common Stock | 08/22/2008 | | Р | 5,000 | А | \$ 1.5 | 73,667 | 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.

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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) | 4. Transacti Code (Instr. 8) | 5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | | ate | Secur | int of rlying | 8. Price of Derivative Security (Instr. 5) | 9. Nu Deriv Secu: Bene Own Follo Repo Trans (Instr |
|---|---|---|---------------------------------------|---|---------------------|--------------------|-------|--|---|--|
| | | | Code V | (A) (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | |

Reporting Owners

| Reporting Owner Name / Address | | Relationships | | | | | | |
|---|------------|---------------|---------|-------|--|--|--|--|
| | Director | 10% Owner | Officer | Other | | | | |
| COLDRICK WILLIAM C/O BRIDGELINE SOFTW 10 SIXTH ROAD WOBURN, MA 01801 | ARE, INC. | Х | | | | | | |
| Signatures | | | | | | | | |
| By: /s/ William Coldrick | 12/10/2009 |) | | | | | | |
| <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.