#### ZILINSKI JAMES W

Form 4

November 25, 2009

Check this box

if no longer

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

OMB

Number:

Expires:

**OMB APPROVAL** 

3235-0287 January 31,

2005

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF subject to **SECURITIES** Section 16.

Estimated average burden hours per 0.5

Form 4 or Form 5 Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, obligations

response...

may continue. See Instruction 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).

(Last)

(City)

(Print or Type Responses)

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

2. Issuer Name and Ticker or Trading

5. Relationship of Reporting Person(s) to Issuer

Symbol

**BOTTOMLINE TECHNOLOGIES** 

(Check all applicable)

INC /DE/ [EPAY]

(Middle)

(Zip)

3. Date of Earliest Transaction (Month/Day/Year)

11/23/2009

\_X\_\_ Director Officer (give title

10% Owner Other (specify

BERKSHIRE LIFE INSURANCE CO OF AMERICA, 700 SOUTH STREET

(First)

(Street)

(State)

4. If Amendment, Date Original

6. Individual or Joint/Group Filing(Check

Applicable Line)

Filed(Month/Day/Year)

\_X\_ Form filed by One Reporting Person Form filed by More than One Reporting

PITTSFIELD, MA 01201

(City)	(State)	Tabl	e I - Non-I	<b>Derivative</b>	Secui	rities Acqu	ired, Disposed of	, or Beneficiall	y Owned
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. Securi on(A) or D (Instr. 3,	(A) or	d 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)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
Common Stock	11/23/2009		M	7,500	A	\$ 5.51	39,578	D	
Common Stock	11/23/2009		S	7,500	D	\$ 16.096	32,078	D	
Common Stock	11/23/2009		M	1,300	A	\$8	33,378	D	
Common Stock	11/23/2009		S	1,300	D	\$ 16.17	32,078	D	
	11/24/2009		M	6,200	A	\$8	38,278	D	

### Edgar Filing: ZILINSKI JAMES W - Form 4

Common Stock

Common \$ 32,078 6,200 D S D 11/24/2009 Stock

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

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(9-02)

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)	5. Number out Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	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)	\$ 5.51	11/23/2009		M	7,500	11/21/2003	11/21/2012	Common Stock	7,500
Stock Option (Right to buy)	\$ 8	11/23/2009		M	1,300	11/15/2002	11/15/2011	Common Stock	1,300
Stock Option (Right to buy)	\$ 8	11/24/2009		M	6,200	11/15/2002	11/15/2011	Common Stock	6,200

# **Reporting Owners**

Reporting Owner Name / Address	Relationships					
· · · · · · · · · · · · · · · · · · ·	Director	10% Owner	Officer	Other		
ZILINSKI JAMES W	X					
BERKSHIRE LIFE INSURANCE CO OF AMERICA						
700 SOUTH STREET						

Reporting Owners 2 PITTSFIELD, MA 01201

# **Signatures**

Kevin Donovan as POA for James W. 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).

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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