### Edgar Filing: Bazaarvoice Inc - Form 4

Bazaarvoice I Form 4	nc										
October 08, 2	014										
FORM	Λ									PPROVAL	
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISS Washington, D.C. 20549						COMMISSION	OMB Number:	3235-0287			
Check this if no longe subject to Section 16 Form 4 or Form 5 obligation: may contin <i>See</i> Instruct 1(b).	er <b>STATI</b> 5. Filed p s Section 1	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES 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							Expires: January 3 200 Estimated average burden hours per response 0.		
(Print or Type Ro	esponses)										
CAREY SYDNEY Sy			Symbol	2. Issuer Name <b>and</b> Ticker or Trading Symbol Bazaarvoice Inc [BV]				5. Relationship of Reporting Person(s) to Issuer			
(Last)	(First)	(Middle)	Earliest Tra	-			(Check all applicable)				
C/O BAZAA	ARVOICE, IN L OF TEXAS	C., 3900	(Month/D 10/06/20	ay/Year)	ansaction			X Director Officer (give below)		o Owner er (specify	
				endment, Date Original nth/Day/Year)				<ul> <li>6. Individual or Joint/Group Filing(Check</li> <li>Applicable Line)</li> <li>_X_ Form filed by One Reporting Person</li> </ul>			
AUSTIN, TX	K 78746							Form filed by N Person	Nore than One Re	porting	
(City)	(State)	(Zip)	Table	e I - Non-D	erivative S	ecurit	ies Acq	uired, Disposed of	f, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction I (Month/Day/Ye	Fransaction Date 2A. Deemed onth/Day/Year) Execution Date, if any (Month/Day/Year)		3. 4. Securities Acquired Transaction(A) or Disposed of Code (D) (Instr. 8) (Instr. 3, 4 and 5) (A) or Code V Amount (D) Price			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	10/06/2014			А	19,667 (1)	A	\$0	61,008	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	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exer	cisable and	7. Titl	le and	8. Price of	9
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transacti	onNumber	Expiration D	ate	Amou	int of	Derivative	]
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Under	rlying	Security	
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Secur	ities	(Instr. 5)	]
	Derivative				Securities			(Instr.	3 and 4)		(
	Security				Acquired						J
	•				(A) or						J
					Disposed						,
					of (D)						
					(Instr. 3,						
					4, and 5)						
									Amount		
						Date	Expiration		or		
						Exercisable	Date	Title	Number		
				a					of		
				Code V	(A) (D)				Shares		

## **Reporting Owners**

Reporting Owner Name / Address	Relationships					
	Director	10% Owner	Officer	Other		
CAREY SYDNEY C/O BAZAARVOICE, INC. 3900 N. CAPITAL OF TEXAS HWY, SUITE 300 AUSTIN, TX 78746	Х					
Signatures						
/s/ Bryan C. Barksdale (As Attorney-in-Fact for Sydr Carey)	ney	10/08	3/2014			
<u>**</u> Signature of Reporting Person		D	ate			

# **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).
- The grant of restricted stock was made pursuant to the Bazaarvoice, Inc. Outside Director Compensation Policy. One-fourth (1/4) of the (1) shares vest on January 6, 2015, and an additional one-fourth (1/4) of the shares vest on the corresponding day of each three month period thereafter.

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.

9. Nt Deriv Secu Bene Own Follo Repo Trans (Insti