

[] Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. *See* Instruction 1(b).

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

OMB APPROVAL OMB Number: 3235-0287 Estimated average burden hours per response... 0.5

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person *					2.	Issue	r Name	and Tick	er o	r Tradin	g Symb		5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
BEERS ANDREW						able	au So	ftware]	Inc	[DAT	[A]						
(Last) (First) (Middle)				3.	Date	of Earl	iest Trans	actio	n (MM/I	DD/YYYY	Director						
1621 N 34TH ST.								5/1	6/2	017		"	Officer (give title below) Other (specify below) Chief Development Officer				
(Street)					4.	If An	nendme	ent, Date (Origi	nal File	d (MM/D	Y) 6. Individual	6. Individual or Joint/Group Filing (Check Applicable Line)				
SEATTLE, WA 98103 (City) (State) (Zip)													_ X _ Form filed by One Reporting Person _ Form filed by More than One Reporting Person				
				1 - N	on-De	rivati	ive Sec	urities Ac	qui	red, Dis	posed o	of, or l	Beneficially Own	ed			
1.Title of Security (Instr. 3) 2. Trans. Da					te 2A. Deemed Execution Date, if any		3. Trans. Code (Instr. 8)		e 4. Securities Acquir Disposed of (D) (Instr. 3, 4 and 5)			5. Amount of Secur Following Reported (Instr. 3 and 4)	ies Beneficially Owned Transaction(s)		Ownership Form:	7. Nature of Indirect Beneficial Ownership	
								Code	V	Amount	(A) or (D)	Price					(Instr. 4)
Class A Common S	tock													92041		I	By Trust
Class A Common Stock 5/16/2017				2017			s		1077 (1) (2)	D	\$62.63	3	268079				
	Tabl	le II - Der	ivativ	e Secu	ırities	Bene	ficially	Owned (e.g.	, puts,	calls, w	arran	ts, options, conve	rtible sec	urities)		
1. Title of Derivate Security (Instr. 3)	2. Conversion or Exercise Price of Derivative	3. Trans. Date	Execut	A. Deemed xecution late, if any		Ac Dis		Number of rivative Securities quired (A) or posed of (D) str. 3, 4 and 5)		6. Date Exercisable and Expiration Date			e and Amount of ties Underlying tive Security 3 and 4)	8. Price of Derivative Security (Instr. 5)	Securities Beneficially Owned	Security:	11. Nature of Indirect Beneficial Ownership (Instr. 4)
	Security				Code	V	(A)	(D)	Dat Exe	e I ercisable I	Expiration Date		Amount or Number of Shares		Following Reported Transaction(s) (Instr. 4)	Direct (D) or Indirect (I) (Instr. 4)	

Explanation of Responses:

- (1) Represents the number of shares required to be sold by the reporting person to cover tax withholding obligations in connection with the vesting of certain RSUs, previously reported in Table I following the date of grant. This sale is mandated by the Issuer's election under its equity incentive plans to require the satisfaction of tax withholding obligations to be funded by a "sell to cover" transaction and does not represent a discretionary trade by the reporting person.
- (2) The shares were sold at prices ranging from \$62.63 to \$62.635. The reporting person will provide upon request to the SEC, the issuer or security holder of the issuer, full information regarding the number of shares sold at each separate price.

Reporting Owners

reporting 5 viners									
Reporting Owner Name / Address	e e	Relationships							
Reporting Owner Name / Address	Director	10% Owner	Officer	Other					
BEERS ANDREW									
1621 N 34TH ST.			Chief Development Officer						
SEATTLE, WA 98103									

Signatures

Keenan Conder, Attorney-in-Fact 5/18/2017

**Signature of Reporting Person Date

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

- * 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.

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.