

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 *<br><b>Orefice Anthony</b><br><br>(Last) (First) (Middle)<br><b>601 RIVERSIDE AVENUE</b><br><br>(Street)<br><b>JACKSONVILLE, FL 32204</b><br><br>(City) (State) (Zip) | 2. Issuer Name and Ticker or Trading Symbol<br><b>Black Knight Financial Services, Inc. [ BKFS ]</b> | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable)<br><br>____ Director _____ 10% Owner<br><input checked="" type="checkbox"/> <b>X</b> Officer (give title below) _____ Other (specify below)<br><b>Chief Operating Officer</b> |
| 3. Date of Earliest Transaction (MM/DD/YYYY)<br><b>2/24/2017</b>                                                                                                                                               |                                                                                                      | 6. Individual or Joint/Group Filing (Check Applicable Line)<br><br><input checked="" type="checkbox"/> <b>X</b> Form filed by One Reporting Person<br><input type="checkbox"/> Form filed by More than One Reporting Person                           |
| 4. If Amendment, Date Original Filed (MM/DD/YYYY)                                                                                                                                                              |                                                                                                      |                                                                                                                                                                                                                                                       |

| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned |                |                                   |                           |   |                                                                   |            |         |                                                                                               |                                                          |                                                       |  |  |
|----------------------------------------------------------------------------------|----------------|-----------------------------------|---------------------------|---|-------------------------------------------------------------------|------------|---------|-----------------------------------------------------------------------------------------------|----------------------------------------------------------|-------------------------------------------------------|--|--|
| 1. Title of Security (Instr. 3)                                                  | 2. Trans. Date | 2A. Deemed Execution Date, if any | 3. Trans. Code (Instr. 8) |   | 4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) |            |         | 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) |  |  |
|                                                                                  |                |                                   | Code                      | V | Amount                                                            | (A) or (D) | Price   |                                                                                               |                                                          |                                                       |  |  |
| Class A Common                                                                   | 2/24/2017      |                                   | F                         |   | 5722                                                              | D          | \$38.40 | 150173                                                                                        | D                                                        |                                                       |  |  |

| Table II - Derivative Securities Beneficially Owned ( e.g. , puts, calls, warrants, options, convertible securities) |                                                        |                |                                   |                           |   |                                                                                        |                                         |     |                                                                                   |                 |                                            |                                                                                                    |                                                                                  |                                                        |
|----------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|----------------|-----------------------------------|---------------------------|---|----------------------------------------------------------------------------------------|-----------------------------------------|-----|-----------------------------------------------------------------------------------|-----------------|--------------------------------------------|----------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|--------------------------------------------------------|
| 1. Title of Derivate Security (Instr. 3)                                                                             | 2. Conversion or Exercise Price of Derivative Security | 3. Trans. Date | 3A. Deemed Execution Date, if any | 4. Trans. Code (Instr. 8) |   | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | 6. Date Exercisable and Expiration Date |     | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) |                 | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | 10. Ownership Form of Derivative Security: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
|                                                                                                                      |                                                        |                |                                   | Code                      | V |                                                                                        | (A)                                     | (D) | Date Exercisable                                                                  | Expiration Date |                                            |                                                                                                    |                                                                                  |                                                        |
|                                                                                                                      |                                                        |                |                                   |                           |   |                                                                                        |                                         |     |                                                                                   |                 |                                            |                                                                                                    |                                                                                  |                                                        |

Explanation of Responses:

Reporting Owners

| Reporting Owner Name / Address                                    | Relationships |           |                         |       |
|-------------------------------------------------------------------|---------------|-----------|-------------------------|-------|
|                                                                   | Director      | 10% Owner | Officer                 | Other |
| Orefice Anthony<br>601 RIVERSIDE AVENUE<br>JACKSONVILLE, FL 32204 |               |           | Chief Operating Officer |       |

Signatures

/s/ Michael L. Gravelle as attorney in fact

2/28/2017

\*\* 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.