Edgar Filing: PAQUIN ROBERT L - Form 4

| PAQUIN R Form 4 December 1 | | | | | | | | | | | |
|--|------------------------------|---|--|------------------------|---|---|--|--|---|-----------|--|
| FORM | | | | | | | | | OMB AF | PROVAL | |
| | UNITED | 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 | | | | | | | OMB Number: | 3235-0287 | |
| Check the if no lor subject Section Form 4 | nger STATEN to 16. | MENT O | F CHAN | GES IN BENEFICIAL OWNE | | | | ERSHIP OF | Expires: Estimated a burden hour response | | |
| Form 5 obligations may continue. See Instruction 1(b). 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 30(h) of the Investment Company Act of 1940 | | | | | | | | | | | |
| (Print or Type | Responses) | | | | | | | | | | |
| PAQUIN ROBERT L Symbol | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer | | | |
| (Last) | (First) (| Middle) | | of Earliest T | - | - | | (Check | all applicable |) | |
| | | | | /Day/Year) | | | | Director 10% Owner X Officer (give title Other (specify below) below) Chief Operating Officer & CIO | | | |
| (Street) 4. If Am | | | nendment, Date Original | | | 6. Individual or Joint/Group Filing(Check | | | | | |
| SEATTLE | - | | | | Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | | |
| (City) | (State) | (Zip) | Tab | le I - Non- | Derivative | e Secu | rities Acqui | red, Disposed of, | or Beneficial | ly Owned | |
| 1.Title of Security (Instr. 3)2. Transaction Date (Month/Day/Year)2A. Deemed Execution Date, if any (Month/Day/Year) | | | 3. 4. Securities Acquired (A) Transactionor Disposed of (D) Code (Instr. 3, 4 and 5) (Instr. 8) | | | | 5. Amount of Securities Beneficially Owned Following Reported | 6. Ownership Form: Direct (D) or Indirect (I) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | Code V | Amount | or | Price | Transaction(s) (Instr. 3 and 4) | (Instr. 4) | | |
| Common Stock | 12/14/2004 | | | S | 500 | D | | 296,724 | D | | |
| Common Stock | 12/14/2004 | | | S | 1,115 | D | \$ 27.6406 | 295,609 | 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) | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. Transactic Code (Instr. 8) | 5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | | ate | Amou Unde Secur | le and int of rlying ities . 3 and 4) | 8. Price of Derivative Security (Instr. 5) | 9. Nu Deriv Secur Bene Owne Follo Repo Trans (Instr |
|---|---|---|---|--|---|---------------------|--------------------|-----------------------|---|---|---|
| | | | | Code V | (A) (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | |

Reporting Owners

| Reporting Owner Name / Ad | ldress | Relationships | | | | | | |
|---|------------|---------------|-------------------------------|-------|--|--|--|--|
| | Director | 10% Owner | Officer | Other | | | | |
| PAQUIN ROBERT L C/O BLUE NILE, INC. 705 FIFTH AVENUE S, ST SEATTLE, WA 98104 | TE 900 | | Chief Operating Officer & CIO | | | | | |
| Signatures | | | | | | | | |
| /s/ Robert L. Paquin | 12/16/2004 | | | | | | | |

**Signature of Reporting Person Date

ure of Person

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.