

Q2 HOLDINGS, INC.

Reported by **SEALE R. H.**

FORM 4

(Statement of Changes in Beneficial Ownership)

Filed 03/21/14 for the Period Ending 03/19/14

Address 13785 RESEARCH BOULEVARD

SUITE 150

Austin, TX 78750

Telephone 512-275-0072

CIK 0001410384

Symbol QTWO

SIC Code 7372 - Prepackaged Software

Fiscal Year 12/31





[] 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 Weshington, D.C. 20540

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.	2. Issuer Name and Ticker or Trading Symbol									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
Seale R. H.				Q	2 1	Holdin	ıgs,	Inc.	[Q	OWT]							
(Last)	(First)	(Mid	dle)	3.	Da	te of Ea	arlie	st Trai	nsac	ction (MM	/DD/YYY	Y)		etor (give title b		X 10%		
13785 RESEA 150	ARCH B	LVD.,	SUITE	2				3/19)/2 0)14			below)					
	(Street)					Amendr DD/YYYY		t, Date	Or	iginal Fil	ed		6. Individu Applicable Li		nt/Group I	Filing (Che	eck	
AUSTIN, TX 78750 (City) (State) (Zip)													_ X _ Form filed by One Reporting Person Form filed by More than One Reporting Person					
		Table I	- Non-I)eriv	ativ	e Secu	ritie	s Acq	uire	ed, Dispo	sed of,	or	Beneficially	Owned				
1.Title of Security (Instr. 3)	2. Da				ns.	2A. Deemed Execution Date, if any	on (1	Code (Instr. 8)		4. Securities Acquired (A Disposed of Instr. 3, 4 a	or Followin (D) (Instr. 3		nount of Securitie wing Reported Tr . 3 and 4)			6. Ownership Form: Direct (D) or Indirect	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
								Code	V	Amount (A	Price					(I) (Instr. 4)	(Instr. 1)	
Tab	le II - Dei	rivative	Securitie	es Be	nef	icially (Own	ed (<i>e</i>	.g. ,	, puts, ca	lls, war	rai	nts, options,	convert	ible secur	ities)		
1. Title of Derivate Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security			4. Trans Code (Instr 8)	. I	. Number of berivative ecurities acquired (A) or bisposed of (D) (instr. 3, 4 and		6. Date Exercisable and Expiration Date			Securitie Derivativ	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	derivative Securities Beneficially Owned Following Reported	Ownership Form of Derivative Security: Direct (D) or Indirect (I) (Instr.	Beneficial	
				Code	v	(A)	(D)	Date Exerci	isable	Expiration Date	Title	N	Amount or Number of Shares		Transaction (s) (Instr. 4)	4)		
Stock Option (right to buy)	\$13.00	3/19/2014		A		9615		4/19/2		3/19/2024	Common	n	9615	\$0	9615	D		
Stock Option (right to buy)	\$13.00	3/19/2014		A		4615		4/19/2		3/19/2024	Common	n	4615	\$0	4615	D		

Explanation of Responses:

- (1) The option grant vests and becomes exercisable in equal monthly installments over 36 months beginning on April 19, 2014.
- (2) The option grant vests and becomes exercisable in equal monthly installments over 12 months beginning on April 19, 2014.

Reporting Owners

Paparting Owner Name / Address	Relationships							
Reporting Owner Name / Address	Director	10% Owner	nips Officer	Other				
Seale R. H. 13785 RESEARCH BLVD. SUITE 150 AUSTIN, TX 78750	X	X						

Signatures

/s/ M. Scott Kerr, as attorney-in-fact

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.

^{**} Signature of Reporting Person