Bazaarvoice Inc

Form 3

| May 29, 2015 | 5 | | | | | | | | | | | |
|---|------------------|------------------------------|--|---|--|--|--------------------------------------|---|-------------------------------------|-----------|----------------|--|
| FORM | 3 ^{UNI} | TED STA | STATES SECURITIES AND EXCHANGE COMMISSI | | | | | | N OMB APPROVAL | | | |
| | J | | Washington, D.C. 20549 | | | | | ON Nu | /IB Imber: | 3235 | -0104 | |
| |] | INITIAL S | | | F BENEFICIAL OWNERSHIP OF CURITIES | | | | pires: timated a | Janua | ry 31, 2005 | |
| | | on 17(a) of | to Section 16(a) the Public Utilit ((h) of the Invest | y Holdi | ng Company | Act of 193 | | bu res | rden hou sponse | irs per | 0.5 | |
| (Print or Type R | esponses) | | | | | | | | | | | |
| 1. Name and Address of Reporting Person <u>*</u> Kopf Jared | | | 2. Date of Event R Statement (Month/Day/Year) | | ^{1g} 3. Issuer Name and Ticker or Trading Sy Bazaarvoice Inc [BV] | | | | | | | |
| (Last) | (First) | (Middle) | 05/27/2015 | | | | | If Amendment, Date Original iled(Month/Day/Year) | | | | |
| 3900 NORTI HWY, SUI | | AL OF TX | | | (Check | all applicable) | | | | | | |
| | (Street) | | | | X Director Officer (give title below | Other | Fili | ing(Che | al or Joir | ble Line) | | |
| AUSTIN, T | ΓXÂ 7874 | 6 | | | (give the below | (specify bei | Per | son | ïled by On iled by Mo Person | - | - | |
| (City) | (State) | (Zip) | Tal | ole I - N | lon-Derivat | ive Securiti | ies Benefi | icially | Owned | ł | | |
| 1.Title of Security (Instr. 4) | | | Ben | 2. Amount of Securities Beneficially Owned (Instr. 4) | | 3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5) | 4. Nature Ownershij (Instr. 5) | - | | | | |
| Reminder: Repo owned directly o | | | ch class of securities | s benefici | ially S | EC 1473 (7-02 | 2) | | | | | |
| | inforr requi | nation conta red to respo | oond to the collec ined in this form nd unless the for //B control numb | are not m displ | | | | | | | | |
| T | able II - De | rivative Secu | ities Beneficially C |)wned (e. | g., puts, calls, | warrants, op | tions, conv | ertible | securities | ;) | | |
| 1. Title of Deriv (Instr. 4) | vative Securi | Expir | te Exercisable and ation Date Day/Year) | Securiti | and Amount of es Underlying ive Security | 4. Conversion or Exerci | | | 6. Nature Benefici (Instr. 5) | al Owner | | |

(Instr. 4)

Expiration Title

Date

Exercisable Date

Price of

Security

Amount or

Number of

Shares

Derivative

Derivative Security:

Direct (D)

or Indirect

(I)

(Instr. 5)

Reporting Owners

| Reporting Owner Name / Address | | Relationsl | nips | | |
|---|------------|------------|---------|-----------------|------------|
| FB | Director | 10% Owner | Officer | Other | |
| Kopf Jared 3900 NORTH CAPITAL OF TX HWY SUITE 300 AUSTIN, TX 78746 | ÂX | Â | Â | Â | |
| Signatures | | | | | |
| | | | / | s/ Kin Gill III | 05/29/2015 |
| (attorney-in-fact for Jared Kopf) | 03/2//2013 | | | | |
| <u>**</u> Signa | Date | | | | |

Explanation of Responses:

No securities are beneficially owned

* If the form is filed by more than one reporting person, *see* Instruction 5(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.