Bankrate, Inc. Form 4 May 16, 2014								
FORM	Д				OMB AF	PROVAL		
	Washington, D.C. 20549				OMB Number:	3235-0287		
Check this l if no longer subject to Section 16. Form 4 or						Expires: January 31, 2005 Estimated average burden hours per response 0.5		
Form 5 obligations may continu <i>See</i> Instruct 1(b).	ue. Section 17(a)	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						
(Print or Type Res	sponses)							
1. Name and Add Ricciardelli M	lress of Reporting Per lichael	Symbol	Name <b>and</b> Ticker or Trading e, Inc. [RATE]	Issuer				
(Last)	(First) (Mide		Earliest Transaction	(Check	k all applicable)			
C/O BANKRA HIGHWAY 1	ATE, INC., 11760 SUITE 200	(Month/Da ) US 05/14/20	-	below)	Officer (give title Other (specify			
	(Street)	(Street) 4. If Amendment, Date Original Filed(Month/Day/Year)			6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person			
NORTH PAL	M BEACH, FL 33	3408		Form filed by Mo Person				
(City)	(State) (Zip	p) <b>Table</b>	e I - Non-Derivative Securities	Acquired, Disposed of,	or Beneficial	y Owned		
1.Title of Security (Instr. 3)	Security (Month/Day/Year) Execu (Instr. 3) any		<ul> <li>3. 4. Securities Acquing</li> <li>f Transactior(A) or Disposed of Code (Instr. 3, 4 and 5)</li> <li>() (Instr. 8)</li> </ul>		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
Common	05/14/2014		F 4,400 \$	Price (Instr. 3 and 4) 68 539 (2)	D			
Stock	03/17/2014		$\Gamma \qquad (1) \qquad D \qquad 1$	4.77 08,339 <u>(5)</u>	D			
2014 Performance Shares				52,303 <u>(3)</u>	D			

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

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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)	4. Transactic Code (Instr. 8)	5. 6. Date Exercisable and onNumber Expiration Date of (Month/Day/Year) Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Unde Secur	unt of rlying	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**

<b>Reporting Owner Name / Address</b>	Relationships				
	Director	10% Owner	Officer	Other	
Ricciardelli Michael C/O BANKRATE, INC. 11760 US HIGHWAY 1 SUITE 200 NORTH PALM BEACH, FL 33408			SVP - Chief Strat Dev Officer		
Signatures					
/s/ James R. Gilmartin, as attorney-in-fact		05/16/2014			
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## \*\*Signature of Reporting Person

Date

## **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).
- (1) Represents shares surrendered by the reporting person to Bankrate, Inc. to satisfy withholding tax obligations due upon vesting of restricted stock previously awarded to the reporting person.
- (2) Includes 45,515 restricted shares.

Represents the "target" number of shares of common stock. The actual number of shares of common stock that will vest will depend on the Company's financial performance in respect of the 2014 and 2015 calendar years and could be as many as one and a half times the

(3) number of performance shares initially granted or as few as zero shares. Half of the shares that are earned will vest following the determination of the award value following the end of 2015 and the remaining half will vest on the third anniversary of the grant date, subject to continued employment through the applicable vesting dates. The shares are also subject to full or partial acceleration in the event of certain terminations of employment or the occurrence of certain terminations of employment following a change in control.

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.