Instruction 1(b)

FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL	OWNERSHIP

OMB APPROVAL OMB Number: Estimated average burden hours per response: 0.5

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

Name and Address of Reporting Person* SANDS GREGORY P					2. Issuer Name and Ticker or Trading Symbol QUINSTREET, INC [QNST]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
						Date of Earliest Transaction (Month/Day/Year)								X Director Officer below)	(give title	10% Ow e Other (s below)		
(Last) (First) (Middle) 950 TOWER LANE, 6TH FLOOR					10/28/2013								,					
(Street) FOSTER CITY CA 94404				_ 4.	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person					
(City)	y) (State) (Zip)			_								Form filed by More than One Reporting Person						
		Tab	ole I - No	n-Deri	vativ	e Se	curities	s Ac	quired	Dis	sposed o	of, or Be	neficial	ly Owned]			
Date			Date	2. Transaction Date (Month/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)					Beneficially Owned Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership	
									Code	٧	Amount	(A) or (D)	Price	Reported Transaction (Instr. 3 a				(Instr. 4)
Common Stock		10/28/2013		3			A		10,000	10,000 ⁽¹⁾ A		10,0	10,000		D			
Common Stock													6,7	6,785		I :	Managed Account ⁽²⁾	
Common Stock						\top								14,9	912		I	by Son ⁽³⁾
Common Stock													202,761			I	by Trust ⁽⁴⁾	
		-	Table II -								osed of, converti			Owned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deem Execution if any (Month/Da	Date,	4. Transaction Code (Instr. 8)				6. Date E Expiratio (Month/D	n Dat	e of Securit		g Security	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4	Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercisa		Expiration Date	Title	Amount or Number of Shares					
Non- Qualified Stock Option (right to	\$9.24	10/28/2013			A		25,000		(5)		10/27/2020	Common Stock	25,000	\$0	25,00	00	D	

Explanation of Responses:

- 1. Represents shares of common stock that are issuable pursuant to a Restricted Stock Unit (RSU) award. The RSU award vests quarterly in equal installments over a period of one year beginning on November 10, 2013. The initial vest date will be February 10, 2014.
- 2. Shares held by a charitable remainder unitrust of which the reporting person is the trustee. The reporting person disclaims beneficial ownership in these shares except as to the reporting person's pecuniary
- 3. Shares held by children of the reporting person. The reporting person disclaims beneficial ownership in these shares.
- 4. Shares held by trust of which reporting person is a trustee. The reporting person disclaims beneficial ownership in these shares except as to the reporting person's pecuniary interest therein.
- 5. The shares of common stock subject to the option vest monthly in equal installments over a period of one year beginning on October 28, 2013. The initial vest date will be November 28, 2013.

By: Gregory Wong For: 10/29/2013 **Gregory Sands**

** 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 Number.