SEC Form 4

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FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| Chec | k this box if no longer subject to |
|---------|------------------------------------|
| Section | on 16. Form 4 or Form 5 |
| obliga | ations may continue. See |
| Instru | ction 1(b). |

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

| OMB APPROVAL | | | | | | | | |
|--------------------------|--|--|--|--|--|--|--|--|
| OMB Number: 3235-0287 | | | | | | | | |
| Estimated average burden | | | | | | | | |
| hours per response: 0.5 | | | | | | | | |

| | ss of Reporting Persor | * 1 | 2. Issuer Name and Ticker or Trading Symbol <u>QUINSTREET, INC</u> [QNST] | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | |
|-------------------------|-------------------------|--------------------|---|--|-------------------------------------|-----------------------|--|--|
| BRADLEY V | <u>VILLIAM W</u> | | | X | Director | 10% Owner | | |
| (Last) 1051 EAST HIL | (First) LSDALE BLVD. | (Middle) | 3. Date of Earliest Transaction (Month/Day/Year) 10/22/2010 | | Officer (give title below) | Other (specify below) | | |
| | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | |
| (Street) FOSTER CITY | CA | 94404 | | X | Form filed by One Report | ing Person | | |
| , | | | | | Form filed by More than C Person | One Reporting | | |
| (City) | (State) | (Zip) | | | | | | |
| | Та | ble I - Non-Deriva | ative Securities Acquired, Disposed of, or Benefi | rially (| Owned | | | |

| 1. Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | Code (| | 4. Securities / Disposed Of (5) | | | 5. Amount of Securities Beneficially Owned Following Reported | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership |
|---------------------------------|--|---|--------|---|--|---------------|-------|---|---|---|
| | | | Code | v | Amount | (A) or (D) | Price | Transaction(s) (Instr. 3 and 4) | | (Instr. 4) |

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

| | (org.) paro, band, maranto, optiono, controlatio coountico) | | | | | | | | | | | | | | |
|---|---|--|---|------------------------------|---|--------|-----|--|--------------------|---|--|---|--|--|--|
| 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. Transa Code (8) | | of | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | 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) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | | | |
| Non- Qualified Stock Option (right to buy) | \$15.6 | 10/22/2010 | | A | | 20,000 | | (1) | 10/21/2020 | Common Stock | 20,000 | \$0 | 20,000 | D | |

Explanation of Responses:

1. The shares subject to this option vest monthly in equal installments over a period of one year.

By: Daniel E. Caul For: William Bradley

10/22/2010

Date

** Signature of Reporting Person

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.