#### Edgar Filing: ATHENAHEALTH INC - Form 4

ATHENAHE	EALTH INC												
Form 4													
March 04, 20										<u></u>			
FORM	$ 4 _{\text{UNITED}}$	STATE	SECUD	ITIES			<b>TT A P</b>	NCE	COMMISSION	-	PPROVAL		
UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549								OMB Number:	3235-0287				
Check thi			, .					Expires:	January 31,				
if no longer subject to STATEMENT OF CHANG					N B	BENEFI	CIA	LOW	<b>NERSHIP OF</b>	·	2005		
Section 10				SECU	JRI	TIES				Estimated average burden hours per			
Form 4 or							_			response			
Form 5 obligation	•							-	ge Act of 1934,				
may conti	inue. Section 17		Public Ut	•		•			f 1935 or Sectio	n			
See Instru 1(b).	iction	30(II)	) of the m	vestille	int C	Joinpang	y Aci	01 19	40				
1(0).													
(Print or Type R	Responses)												
1. Name and A KANE JOH	ddress of Reporting	Person *		Name and Ticker or Trading				g	5. Relationship of Issuer	Reporting Per	Reporting Person(s) to		
KANE JUH	IN A		•	Symbol ATHENAHEALTH INC [ATHN]					135001				
	ATHEN	AHEA		H INC [	AIH	linj	(Check all applicable)						
(Last)	(Last) (First) (Middle)					nsaction				100			
C/O ATHEN	NAHEALTH, IN	IC 311	(Month/Da 03/02/20	•	)				X_ Director Officer (give		6 Owner er (specify		
ARSENAL		vC., 511	03/02/20	115					below)	below)			
	(Street)		1 If Amer	ndmant	Dat	o Original			6 Individual or L	oint/Group Fili	ng(Chook		
				. If Amendment, Date Original iled(Month/Day/Year)					6. Individual or Joint/Group Filing(Check Applicable Line)				
									_X_ Form filed by				
WATERTO	WN, MA 02472								Form filed by N Person	Aore than One Ro	eporting		
(City)	(State)	(Zip)	Table	e I - Nor	1-De	erivative S	ecuri	ties Ac	quired, Disposed of	f, or Beneficial	lly Owned		
1.Title of	2. Transaction Da	te 2A. De		3.		4. Securi			5. Amount of	6. Ownership	7. Nature of		
Security	(Month/Day/Year		ecution Date, if TransactionAcquired (A) or					Securities	Form: Direct	Indirect			
(Instr. 3)		-	any (Month/Day/Year)			Disposed			Beneficially Owned	/	Beneficial Ownership		
		(Day/Year) (Instr. 8) (Instr. 3, 4 and 5)			5)	Following	(Instr. 4)						
							(A)		Reported				
							or		Transaction(s) (Instr. 3 and 4)				
Common				Code	V	Amount	(D)	Price	(				
Common Stock	03/02/2015			А		1,569 (1)	А	\$0	6,621	D			

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

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.

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

### **Reporting Owners**

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1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	4. Transactio Code (Instr. 8)	5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	fumber Expiration Dat f (Month/Day/Y verivative ecurities ccquired A) or bisposed f (D) nstr. 3,		Amou Under Secur	itle and bunt of erlying urities tr. 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owno Follo Repo Trans (Instr
			Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

# **Reporting Owners**

Reporting Owner Name / Address	Relationships							
	Other							
KANE JOHN A C/O ATHENAHEALTH, INC. 311 ARSENAL STREET WATERTOWN, MA 02472								
Signatures								
/s/ Daniel H. Orenstein Attorney-in-Fact 03/04/2015	03/04/2015							
**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).
- Represents an award of restricted stock units pursuant to the Issuer's 2007 Stock Option and Incentive Plan, as amended and restated. The (1) restricted stock units fully vest on June 1, 2016.

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.