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Form 4 April 03, 2006 OMB APPROVAL FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 OMB MB 2325-0287 Check this box if no longer subject to Section 16. Form 4 or Form 5 STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES OMB Expires: SECURITIES 2005 Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, obligations may continue. Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 16(b). 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 16(b). Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1940 Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1940 (Print or Type Response) 2. Issuer Name and Ticker or Trading Symbol ABIOMED INC [ABMD] 5. Relationship of Reporting Person(s) to Issuer (Last) (First) (Middle) 3. Date of Earliest Transaction (Month/Day/Year) Check all applicable) (Last) (First) (Middle) 3. Date of Earliest Transaction (Month/Day/Year) Director Security Director Other (specify below) HLL DRIVE 03/31/2006 2. Officer (give title in 00/0 the public below) Other (specify below)
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 OMB APPROVAL Check this box if no longer subject to Section 16. Form 4 or Form 4 or Form 5 STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES OMB Number: 2005 2anuary 31, 2005 Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, obligations may continue. See Instruction 1(b). 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 1(b). State Prove the Public Utility Holding Company Act of 1935 or Section 10(b). (Print or Type Responses) 2. Issuer Name and Ticker or Trading Symbol ABIOMED INC [ABMD] State of Earliest Transaction (Month/Day/Year) ABIOMED INC [ABMD] State of Earliest Transaction (Month/Day/Year) State of Earliest Transaction (Month/Day/Year) Check all applicable) C/O ABIOMED, INC., 22 CHERRY 03/31/2006 To Director X. Officer (give tile below) Image To Director To Other (specify
Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b). STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES OMB Number: January 31, 2005 Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 10(b). Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b). OMB State of CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES OMB Number: January 31, 2005 Estimated average burden hours per response (Print or Type Responses) Filed pursuant to Section 16(a) of the Securities Exchange Act of 1935 or Section 30(h) of the Investment Company Act of 1940 Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940 Section 17(a) of the Public Utility Holding Company Act of 1940 (Print or Type Responses) 2. Issuer Name and Ticker or Trading Symbol ABIOMED INC [ABMD] 5. Relationship of Reporting Person(s) to Issuer (Last) (First) (Middle) 3. Date of Earliest Transaction (Month/Day/Year) (Check all applicable) (Last) (First) (Middle) 3. Date of Earliest Transaction (Month/Day/Year) (Director XOfficer (give tilt) 10% Owner XOfficer (give tilt)
Washington, D.C. 20549 OMB 3235-0287 Check this box if no longer subject to Section 16. STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF Section 16. Number: 3235-0287 Form 4 or Form 5 Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, obligations may continue. Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 1(b). S. Relationship of Reporting Person. Section 17(a) of the Investment Company Act of 1940 1(b). (Print or Type Responses) 2. Issuer Name and Ticker or Trading Symbol 5. Relationship of Reporting Person(s) to Issuer (Print or Type Responses) 3. Date of Earliest Transaction (Month/Day/Year) Check all applicable) (Last) (First) (Middle) 3. Date of Earliest Transaction (Month/Day/Year) Director Z. Officer (give tite 10% Owner Other (specify below)
Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b). (Print or Type Responses) 1. Name and Address of Reporting Person [*] . 1. Name and Address of Reporting Person [*] . 2. Issuer Name and Ticker or Trading Benali Karim C/O ABIOMED, INC., 22 CHERRY HILL D DPIVE
if no longer subject to Section 16. STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF Section 16. Expires. 2005 Form 4 or Form 5 SECURITIES Estimated average burden hours per response 0.5 Obligations may continue. See Instruction 1(b). Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1940 0.5 I. Name and Address of Reporting Person* 2. Issuer Name and Ticker or Trading Symbol 5. Relationship of Reporting Person(s) to Issuer (Last) (First) (Middle) 3. Date of Earliest Transaction (Month/Day/Year) Director
Subject to Section 16. SECURITIES Estimated average burden hours per response 0.5 Form 4 or Form 5 Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, obligations may continue. See Instruction 0.6 0.5 Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 1(b). 30(h) of the Investment Company Act of 1935 or Section 1(b). 0.5 (Print or Type Responses) 2. Issuer Name and Ticker or Trading Symbol 5. Relationship of Reporting Person(s) to Issuer (Last) (First) (Middle) 3. Date of Earliest Transaction (Month/Day/Year) (Check all applicable) C/O ABIOMED, INC., 22 CHERRY 03/31/2006
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See Instruction 1(b). 30(h) of the Investment Company Act of 1940 (Print or Type Responses) . Issuer Name and Ticker or Trading Symbol 5. Relationship of Reporting Person(s) to Issuer (Last) (First) (Middle) 3. Date of Earliest Transaction (Check all applicable) C/O ABIOMED, INC., 22 CHERRY 03/31/2006 — — Director — — 10% Owner
1(b). (Print or Type Responses) 1. Name and Address of Reporting Person * 2. Issuer Name and Ticker or Trading Benali Karim 2. Issuer Name and Ticker or Trading Symbol ABIOMED INC [ABMD] (Last) (First) (First) Middle) 3. Date of Earliest Transaction (Month/Day/Year) 03/31/2006
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ABIOMED INC [ABMD] (Check all applicable) (Last) (First) (Middle) 3. Date of Earliest Transaction (Month/Day/Year)Director10% Owner C/O ABIOMED, INC., 22 CHERRY 03/31/2006X_Officer (give title0ther (specify below))
(Check all applicable) (Last) (First) (Middle) 3. Date of Earliest Transaction (Month/Day/Year)Director10% Owner C/O ABIOMED, INC., 22 CHERRY 03/31/2006Officer (give titleOther (specify below) below) below)
C/O ABIOMED, INC., 22 CHERRY (Month/Day/Year)
C/O ABIOMED, INC., 22 CHERRY 03/31/2006 <u></u>
HILL DRIVE below) below)
vP Product Development
(Street) 4. If Amendment, Date Original 6. Individual or Joint/Group Filing(Check
Filed(Month/Day/Year) Applicable Line) _X_ Form filed by One Reporting Person
DANVERS MA 01923 Form filed by More than One Reporting
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(City) (State) (Zip) Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned
1.Title of2. Transaction Date2A. Deemed3.4. Securities Acquired5. Amount of6.7. Nature of
Security (Month/Day/Year) Execution Date, if Transaction(A) or Disposed of (D) Securities Ownership Indirect
(Instr. 3)anyCode(Instr. 3, 4 and 5)BeneficiallyForm: DirectBeneficial(Month/Day/Year)(Instr. 8)Owned(D) orOwnership
Following Indirect (I) (Instr. 4)
(A) Reported (Instr. 4) Transaction(c)
(A) Transaction(s) or (Instr. 3 and 4)
Code V Amount (D) Price
Common $X_{1} = 0.02/21/2007$
Stock, \$.01 $03/31/2006$ A V $284 \frac{(3)}{3}$ A $\frac{9}{8.4575}$ 564 D par value D D D D D 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)

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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)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transactio Code (Instr. 8)	5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		Underlyin			8. De Se (Ir
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Stock Option (right to buy) (1)	\$ 10.53					07/15/2005 <u>(2)</u>	07/15/2014	Common Stock	50,000	
Stock Option (right to buy) (1)	\$ 10.8					03/01/2006 <u>(2)</u>	03/01/2015	Common Stock	55,000	
Stock Option (right to buy) (1)	\$ 9.36					06/08/2006 <u>(2)</u>	06/08/2015	Common Stock	25,000	

Reporting Owners

Reporting Owner Name / Address	Relationships					
1	Director	10% Owner	Officer	Other		
Benali Karim C/O ABIOMED, INC. 22 CHERRY HILL DRIVE DANVERS, MA 01923			VP Product Development			
Signatures						

Charles B. Haaser (attorney-in-fact)

04/03/2006

<u>**</u>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) Grant to reporting person of option to buy shares of Common Stock under ABIOMED, Inc. 2000 Stock Incentive Plan.

(2) These options become exercisable in annual 25% increments commencing on the date shown in Table II, Column 6.

(3)

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Shares of common stock were acquired by the reporting person through participation in the ABIOMED, Inc. Employee Stock Purchase Plan, qualified under Section 423 of the Internal Revenue Code.

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.