ABIOMED INC Form 4 October 17, 2006

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

Check this box if no longer subject to

Section 16. Form 4 or Form 5

obligations may continue. See Instruction

SECURITIES 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 Responses)

1(b).

OMB APPROVAL

OMB Number:

3235-0287

7. Nature of

Ownership

(Instr. 4)

(9-02)

1

Indirect

Form: Direct Beneficial

Expires:

January 31, 2005

Estimated average burden hours per

response... 0.5

1. Name and Address of Reporting Person *

Flaherty Sheila Marie

(Last) (First)

(Middle)

C/O ABIOMED, INC., 22 CHERRY HILL DRIVE

(Street)

DANVERS, MA 01923

2. Issuer Name and Ticker or Trading

30(h) of the Investment Company Act of 1940

Symbol

ABIOMED INC [ABMD]

3. Date of Earliest Transaction (Month/Day/Year)

09/30/2006

4. If Amendment, Date Original

Filed(Month/Day/Year)

5. Relationship of Reporting Person(s) to

Issuer

(Check all applicable)

Director 10% Owner X_ Officer (give title Other (specify below)

VP, General Counsel

6. Individual or Joint/Group Filing(Check

Applicable Line)

5. Amount of

Securities

Owned

Beneficially

X Form filed by One Reporting Person Form filed by More than One Reporting

Ownership

Indirect (I)

(Instr. 4)

(D) or

Person

(City) (State) (Zip) Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1.Title of 2. Transaction Date 2A. Deemed Security (Month/Day/Year) Execution Date, if (Instr. 3)

(Month/Day/Year)

3. 4. Securities Acquired Transaction(A) or Disposed of (D) Code (Instr. 3, 4 and 5) (Instr. 8)

Code V Amount (D)

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

(A)

Following Reported Transaction(s) (Instr. 3 and 4)

Common

Stock, \$.01 09/30/2006 par value

A V 547 (3) A

547

Price

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

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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. Transactic Code (Instr. 8)	5. Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)			7. Title and 2. Underlying 9 (Instr. 3 and	Securities
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Stock Option (right to buy) (1)	\$ 10.38					06/21/2006(2)	06/21/2015	Common Stock	50,000
Stock Option (right to buy) (1)	\$ 9.35					01/03/2007(2)	01/03/2016	Common Stock	5,000
Stock Option (right to buy) (1)	\$ 13.57					06/01/2007(2)	06/01/2016	Common Stock	30,000

Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
Flaherty Sheila Marie							

C/O ABIOMED, INC.
22 CHERRY HILL DRIVE
DANVERS, MA 01923

VP, General Counsel

Signatures

/s/ Carrie-Ann Powierza (by power of attorney) 10/17/2006

**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 the ABIOMED, Inc. 2000 Stock Incentive Plan.
- (2) This option becomes exercisable in annual 25% increments, commencing on the date shown in Table II, Column 6.

(3)

Reporting Owners 2

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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.