ABIOMED INC Form 4 April 02, 2008

FORM 4

OMB APPROVAL

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

OMB Number: 3235-0287

Check this box if no longer subject to Section 16. Form 4 or Expires: January 31, 2005

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Estimated average burden hours per response... 0.5

Form 4 or Form 5 obligations may continue. See Instruction

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 30(h) of the Investment Company Act of 1940

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1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person * DOLLENS RONALD W			2. Issuer Name and Ticker or Trading Symbol			5. Relationship of Reporting Person(s) to Issuer			
(Last)	(First)	(Middle)			C [ABMD] Transaction	(Che	ck all applicable)		
C/O ABIOMED, INC., 22 CHERRY HILL DRIVE			(Month/Day/Year) 03/31/2008			X Director 10% Owner Officer (give title below) Other (specify below)			
	(Street)		4. If Amer	ndment, I	Oate Original	6. Individual or J	oint/Group Filing(Check		
DANVERS	, MA 01923		Filed(Mon	th/Day/Ye	ear)		One Reporting Person More than One Reporting		
(City)	(State)	(Zip)	Table	e I - Non	-Derivative Securities Ac	quired, Disposed o	of, or Beneficially Owned		
1 Title of	2. Transaction	Date 2A Deer	ned	3.	4. Securities Acquired	5. Amount of	6. Ownership 7. Nature of		

1.Title of Security (Month/Day/Year) (Instr. 3)	2. Transaction Date 2A. Deemed (Month/Day/Year) Execution Date, if any (Month/Day/Year)		4. Securities Acquired on(A) or Disposed of (D) (Instr. 3, 4 and 5)	5. Amount of Securities Beneficially Owned Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	
Common Stock, \$.01 03/31/2008 par value		Code V	(A) or Amount (D) Price 1,141 A \$ 13.14	Reported Transaction(s) (Instr. 3 and 4) 2,685	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.

SEC 1474

(9-02)

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. Transactic Code (Instr. 8)	5. Dr. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)			7. Title and A Underlying S (Instr. 3 and	Securities
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Stock Option (right to buy) (1)	\$ 10.27					01/13/2007(2)	01/13/2016	Common Stock	25,000
Stock Option (right to buy) (1)	\$ 13.21					08/08/2007(3)	08/09/2016	Common Stock	8,000
Stock Option (right to buy) (1)	\$ 12.69					08/13/2008(3)	08/08/2017	Common Stock	8,000

Reporting Owners

Reporting Owner Name / Address	Relationships					
	Director	10% Owner	Officer	Other		
DOLLENS RONALD W						
C/O ABIOMED, INC.	X					
22 CHERRY HILL DRIVE	Λ					
DANVERS, MA 01923						

Signatures

/s/ Carrie-Ann Powierza (by power of attorney) 04/02/2008

**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) These options become exercisable in annual 20% increments commencing on the date shown in Table II, Column 6.
- (3) This option becomes exercisable in full on the date set forth in Table II, Column 6.

Reporting Owners 2

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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.