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

A DIOMED INC

ABIOMED	INC									
Form 4										
June 13, 201	4									
FORM	ΙΔ								PPROVAL	
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549								OMB Number:	3235-0287	
Check th			C					Expires:	January 31,	
if no lon subject to		MENT OF C	HANGES IN	BENEF	ICIA	LOW	NERSHIP OF		2005	
Subject of Section 1 Form 4 c	SECU	SECURITIES				Estimated a burden hou response	•			
Form 5		rsuant to Sec	16(a) of t	he Securi	ties F	vchang	e Act of 1934,	response	0.5	
obligatio	ons Section 17					•	f 1935 or Sectio	n		
may con	unue.		the Investmen	•	· ·					
<i>See</i> Instr 1(b).	uction			it compu	-)					
-(-).										
(Print or Type)	Responses)									
1. Name and A	Address of Reporting	Person* 2	Issuer Name an	d Ticker or	Tradi	na	5. Relationship of	Reporting Pers	son(s) to	
PUHY DOROTHY E Symbol					Traun	ng	Issuer			
		-	BIOMED INC		1					
(Leet)	(Einst)			-	L		(Chec	k all applicable	:)	
(Last)	(First)		Date of Earliest	ransaction			V Director	100	Owner	
C/O ABION	MED, INC., 22 (		onth/Day/Year) /11/2014				X_ Director Officer (give		er (specify	
HILL DRIV			/11/2014				below)	below)		
	(Street)	4						·		
	If Amendment, Date Original				6. Individual or Joint/Group Filing(Check					
		ГII	ed(Month/Day/Ye	ar)			Applicable Line) _X_ Form filed by (	One Reporting Pe	rson	
DANVERS	, MA 01923						Form filed by M	Iore than One Re		
Dinvers	, 1111 01725						Person			
(City)	(State)	(Zip)	Table I - Non-	Derivative	Secur	ities Acq	uired, Disposed of	f, or Beneficial	ly Owned	
1.Title of	2. Transaction Da		3.	4. Secur			5. Amount of	6. Ownership		
Security (Month/Day/Year) Execution Date, if				ion(A) or D	-		Securities	Form: Direct	Indirect Beneficial	
(Instr. 3)		any (Month/Day/	Code Year) (Instr. 8)	(Instr. 3,	4 and	3)	Beneficially Owned	(D) or Indirect (I)	Ownership	
			,				Following	(Instr. 4)	(Instr. 4)	
					(A)		Reported			
					or		Transaction(s) (Instr. 3 and 4)			
			Code V	Amount	(D)	Price	(Insu: 3 and 4)			
Common						+				
~ .										
Stock,	06/11/2014		М	8,000	А	\$	62,060	D		
Stock, \$0.01 par value	06/11/2014		М	8,000	А	\$ 10.41	62,060	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. Transacti Code (Instr. 8)	onof D Secu Acqu (A) o Disp (D)	urities uired or oosed of r. 3, 4,	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)	
				Code V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Stock Option (right to buy) $(2)$	\$ 10.41	06/11/2014		М		8,000	08/11/2005 <u>(1)</u>	08/11/2014	Common Stock	8,000
Stock Option (right to buy) $(2)$	\$ 10.06						08/09/2006 <u>(1)</u>	08/10/2015	Common Stock	8,000
Stock Option (right to buy) $(2)$	\$ 13.21						08/08/2007 <u>(1)</u>	08/09/2016	Common Stock	8,000
Stock option (right to buy) $(2)$	\$ 12.69						08/13/2008 <u>(1)</u>	08/08/2017	Common Stock	8,000
Stock Option (right to buy) $(3)$	\$ 18.63						08/12/2009 <u>(1)</u>	08/13/2018	Common Stock	13,500
Stock Option (right to buy) $(3)$	\$ 7.67						08/11/2010 <u>(1)</u>	08/12/2019	Common Stock	13,500
Stock Option (right to buy) $(3)$	\$ 9.99						08/10/2011 <u>(1)</u>	08/11/2020	Common Stock	13,500

# **Reporting Owners**

**Reporting Owner Name / Address** 

Relationships

Director

10% Owner Officer Other

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

## Signatures

/s/ Stephen C. McEvoy (by power of attorney)

06/13/2014

\*\*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) This option becomes exerciseable in full on the date set forth in Table II, Column 6.
- (2) Grant to reporting person of option to buy the number of shares of Common Stock set forth in Table II, Column 7, under the ABIOMED, Inc. 2000 Stock Incentive Plan.
- (3) Grant to reporting person of option to buy the number of shares of Common Stock set forth in Table II, Column 7, under the ABIOMED, Inc. 2008 Stock Incentive Plan.

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.