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ABIOMED INC Form 4 March 23, 2016 FORM 4 FORM 4 Check this box if no longer subject to Scriton 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b). Check this box if no longer subject to Scriton 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b). Check this box if no longer subject to Scriton 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b). Check this box if no longer subject to Scriton 16. Form 4 or Form 5 obligations may continue. Scriton 17(a) of the Public Utility Holding Company Act of 1935 or Sector 30(h) of the Investment Company Act of 1940 Scriton 17(a) of the Public Utility Holding Company Act of 1940 Scriton 17(a) of the Public Utility Holding Company Act of 1940 Scriton 17(a) of the Public Utility Holding Company Act of 1940 Scriton 17(a) of the Investment Company Act of 1940 Scriton 17(a) of the Public Utility Holding Company Act of 1940 Scriton 17(a) of the Public Utility Holding Company Act of 1940 Scriton 17(a) of the Public Utility Holding Company Act of 1940 Scriton 17(a) of the Public Utility Holding Company Act of 1940 Scriton 17(a) of the Public Utility Holding Company Act of 1940 Scriton 17(a) of the Public Utility Holding Company Act of 1940 Scriton 17(a) of the Public Utility Holding Company Act of 1940 Scriton 17(a) of the Public Utility Holding Company Act of 1940 Scriton 17(a) of the Public Utility Holding Company Act of 1940 Scriton 17(a) Scriton 17												
(Print or Type	Responses)											
Greenfield Andrew J Symbol									Relationship of Reporting Person(s) to suer			
				Date of Earliest Transaction					(Check all applicable)			
(Month/I C/O ABIOMED, INC., 22 CHERRY 03/21/2 HILL DRIVE									elow)	XOfficer (give titleOther (specify		
				onth/Day/Year) Applicable Line _X_ Form filed					Applicable Line) X_ Form filed by Or	Joint/Group Filing(Check One Reporting Person More than One Reporting		
	S, MA 01923							P	erson		Johning	
(City)	(State)	(Zip)			ı-I			-	red, Disposed of,		-	
1.Title of Security (Instr. 3)	2. Transaction Date 2A. Deemed (Month/Day/Year) Execution Date, if any (Month/Day/Year)			Transactionor Disposed of (D) Se Code (Instr. 3, 4 and 5) Be (Instr. 8) Ov Fo (A) Tr				(D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Common				Code V	V	Amount	(D)	Price	(Instr. 5 and 4)			
Stock, \$.01 par value	03/21/2016			M <u>(5)</u>		19,572 (5)	A	\$ 10.03	73,614	D		
Common Stock, \$.01 par value	03/21/2016			S <u>(5)</u>		19,572 (5)	D	\$ 89.0735 (<u>6)</u>	54,042	D		
Common Stock, \$.01 par value	03/22/2016			M <u>(5)</u>		5,228 (5)	A	\$ 10.03	59,270	D		

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Common							
Stock,	03/22/2016	S(5)	5,228	р	\$ 89	54,042	D
\$.01 par	03/22/2010	3 <u>(0)</u>	(5)	D	\$ 09	34,042	D
value							

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)

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)	onDeri Secu Acqu or D (D)	rities uired (A) isposed of r. 3, 4,	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount c Underlying Securities (Instr. 3 and 4)	
				Code V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amoun or Number of Share
Stock Option (right to buy) <u>(1)</u>	\$ 11.27						05/30/2008 <u>(2)</u>	05/30/2017	Common Stock	0
Stock Option (right to buy) (1)	\$ 13.8						05/23/2009 <u>(2)</u>	05/23/2018	Common Stock	0
Stock Option (right to buy) (3)	\$ 10.03	03/21/2016		M <u>(5)</u>		24,800 (5)	06/03/2011 <u>(2)</u>	06/03/2020	Common Stock	24,80
Stock Option (right to buy) (3)	\$ 22.44						05/22/2013 <u>(2)</u>	05/22/2022	Common Stock	0
Stock Option (right to buy) (3)	\$ 14.39						02/19/2014(2)	02/19/2023	Common Stock	0
Stock Option (Right to	\$ 23.15						05/14/2014 <u>(2)</u>	05/14/2023	Common Stock	0

Buy) (3)					
Stock Option (right to buy) (<u>3)</u>	\$ 21.55	05/14/2015 <u>(4)</u>	05/14/2024	Common Stock	0
Stock Option (right to buy) (3)	\$ 66.25	05/13/2016 <u>(4)</u>	05/13/2025	Common Stock	0

Reporting Owners

Reporting Owner Name / Address	Relationships						
1	Director	10% Owner	Officer	Other			
Greenfield Andrew J C/O ABIOMED, INC. 22 CHERRY HILL DRIVE DANVERS, MA 01923			VP Healthcare Solutions				
Signatures							

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

**Signature of Reporting Person

Date

03/23/2016

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 became exercisable in annual 25% increments, commencing on the date shown in Table II, Column 6.
- (3) Grant to reporting person of option to buy shares of Common Stock under ABIOMED, Inc. 2008 Stock Incentive Plan.
- (4) These options become exercisable in annual 33-1/3% increments, commencing on the date shown in Table II, Column 6.
- (5) Sale of common stock pursuant to reporting owner's 10b5-1 plan.
- This price represents the weighted average sale price of multiple transactions on the reported date at prices that ranged between \$89.0000 (6) and \$89.2800. Detailed information regarding the number of shares sold at each separate price will be provided upon request by the Commission staff, the Issuer, or a security holder of the Issuer.

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.