Edgar Filing: ABIOMED INC - Form 4

ABIOMED INC Form 4 May 17, 2016 FORM 4 Check this box if no longer subject to Section 16. Form 5 obligations may continue. See Instruction 1(b). Check this box if no longer subject to Section 16. Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, State Public Utility Holding Company Act of 1935 or Section 1(b). Check this box if no longer subject to Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 1(b). Check this box if no longer Subject to Section 17(a) of the Public Utility Holding Company Act of 1934, State Public Utility Holding Company Act of 1935 or Section Section 17(a) of the Public Utility Holding Company Act of 1935 or Section Section 17(a) of the Public Utility Holding Company Act of 1935 or Section Section 17(a) of the Public Utility Holding Company Act of 1935 or Section Section 17(a) of the Public Utility Holding Company Act of 1935 or Section Section 17(a) of the Public Utility Holding Company Act of 1935 or Section Section 17(a) of the Public Utility Holding Company Act of 1935 or Section Section 17(a) of the Public Utility Holding Company Act of 1935 or Section Section 17(a) of the Public Utility Holding Company Act of 1935 or Section Section 17(a) of the Public Utility Holding Company Act of 1935 or Section Section 17(a) of the Public Utility Holding Company Act of 1935 or Section Section 17(a) of the Public Utility Holding Company Act of 1935 or Section Section 17(a) of the Public Utility Holding Company Act of 1935 or Section Section 17(a) of the Public Utility Holding Company Act of 1935 or Section Section 17(a) of the Public Utility Holding Company Act of 1935 or Section Section 17(a) of the Public Utility Holding Company Act of 1935 or Section Section 17(a) of the Public Utility Holding Company Act of 1935 or Section Section 17(a) of the Public Utility Holding Company Act of 1935 or Section Section 17(a) Of the Public Utility Holding Company Act of 1935 or Section Section 17(a) Of the Public Util											
(Print or Type Responses)											
Greenfield Andrew J Symbol					Ticker or		ng	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
(Last)	(First) (M		3. Date of Earliest Transaction								
				Month/Day/Year) 5/13/2016				Director 10% Owner X_ Officer (give title Other (specify below) below) VP Healthcare Solutions			
				endment, Date Original nth/Day/Year)				 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting 			
(City)		(Zip)				~		Person			
				Non-D			-	uired, Disposed of		•	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)		Co Year) (In	ode astr. 8)	4. Securi n(A) or Di (Instr. 3, Amount	ispose	d of (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)		
Common Stock, \$.01 par value	05/13/2016			(5)	393 <u>(5)</u>		\$ 94.27	59,644	D		
Common Stock, \$.01 par value	05/14/2016		F <u>(</u>	(5)	5,210 (5)	D	\$ 94.08	54,434	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.

1

Edgar Filing: ABIOMED INC - Form 4

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)	5. ofNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)			7. Title and A Underlying S (Instr. 3 and	Securities	8. l De Sec (In
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
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)	\$ 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 <u>(2)</u>	02/19/2023	Common Stock	0	
Stock Option (Right to Buy) (<u>3)</u>	\$ 23.15					05/14/2014 <u>(2)</u>	05/14/2023	Common Stock	0	
Stock Option (right to buy) (3)	\$ 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	
	Director	10% Owner	Officer	Other

VP Healthcare Solutions

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

Signatures

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

05/17/2016

**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 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) Transaction represents shares of common stock withheld solely for payment of withholding tax liability associated with the vesting of awards of restricted stock units in accordance with the time periods set forth in such awards.

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.