

ABIOMED INC

Form 4

November 02, 2016

**FORM 4**
**UNITED STATES SECURITIES AND EXCHANGE COMMISSION**  
**Washington, D.C. 20549**

Check this box  
if no longer  
subject to  
Section 16.  
Form 4 or  
Form 5  
obligations  
may continue.  
See Instruction  
1(b).

**STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF  
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  
30(h) of the Investment Company Act of 1940

## OMB APPROVAL

OMB  
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response... 0.5

(Print or Type Responses)

1. Name and Address of Reporting Person \*  
**BOLT WILLIAM J**

(Last) (First) (Middle)

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

(Street)

**DANVERS, MA 01923**

(City) (State) (Zip)

2. Issuer Name **and** Ticker or Trading  
Symbol  
**ABIOMED INC [ABMD]**

3. Date of Earliest Transaction  
(Month/Day/Year)  
**10/31/2016**

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 below) \_\_\_\_ Other (specify below)

SVP, QA and Regulatory Affairs

6. Individual or Joint/Group Filing(Check  
Applicable Line)  
\_\_\_\_X\_\_\_\_ Form filed by One Reporting Person  
\_\_\_\_ Form filed by More than One Reporting  
Person

**Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned**

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)	4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)	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 Stock, \$.01 par	10/31/2016		M <sup>(5)</sup>	5,000 (5)	A \$ 22.44	78,687	D
Common Stock, \$.01 par	10/31/2016		M <sup>(5)</sup>	15,000 (5)	A \$ 23.15	93,687	D
Common Stock, \$.01 par	10/31/2016		M <sup>(5)</sup>	10,000 (5)	A \$ 21.55	103,687	D
Common Stock,	10/31/2016		S <sup>(5)</sup>	7,900 (5)	D \$ 103.0825	95,787	D

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\$ .01 par					(6)		
Common					\$		
Stock,	10/31/2016	S <sup>(5)</sup>	30,849	D	104.0001	64,938	D
\$ .01 par			<u>(5)</u>		<u>(7)</u>		
Common					\$		
Stock,	10/31/2016	S <sup>(5)</sup>	4,617	D	104.4986	60,321	D
\$ .01 par			<u>(5)</u>		<u>(8)</u>		

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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SEC 1474  
(9-02)

**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. Transaction Code (Instr. 8)	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	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) <sup>(2)</sup>	\$ 22.44	10/31/2016		M <sup>(5)</sup>	5,000 <u>(5)</u>	05/22/2013 <sup>(1)</sup> 05/22/2022	Common Stock 0
Stock Option (Right to Buy) <sup>(2)</sup>	\$ 23.15	10/31/2016		M <sup>(5)</sup>	15,000 <u>(5)</u>	05/14/2014 <sup>(1)</sup> 05/14/2023	Common stock 20,000
Stock Option (Right to Buy) <sup>(2)</sup>	\$ 21.55	10/31/2016		M <sup>(5)</sup>	10,000 <u>(5)</u>	05/14/2015 <sup>(3)</sup> 05/14/2024	Common Stock 15,000
Stock Option (Right to Buy) <sup>(2)</sup>	\$ 66.25					05/13/2016 <sup>(3)</sup> 05/13/2025	Common Stock 0
Stock Option (Right to	\$ 99.62					05/24/2017 <sup>(3)</sup> 05/24/2026	Common Stock 0

Buy) <sup>(4)</sup>

## Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
BOLT WILLIAM J C/O ABIOMED, INC. 22 CHERRY HILL DRIVE DANVERS, MA 01923			SVP, QA and Regulatory Affairs	

## Signatures

/s/ Stephen C. McEvoy (by power of attorney) 11/02/2016

\_\_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) These options become exercisable in annual 25% increments, commencing on the date shown in Table II, Column 6.
- (2) Grant to reporting person of this option to buy the number of Common Stock set forth in Table II, Column 7, under the ABIOMED, Inc. 2008 Stock Incentive Plan.
- (3) These options become exercisable in annual 33-1/3% increments, commencing on the date shown in Table II, Column 6.
- (4) 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. 2015 Omnibus Incentive Plan.
- (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
- (6) \$102.4300 and \$103.4200. 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.  
This price represents the weighted average sale price of multiple transactions on the reported date at prices that ranged between
- (7) \$103.4300 and \$104.4200. 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.  
This price represents the weighted average sale price of multiple transactions on the reported date at prices that ranged between
- (8) \$104.4300 and \$104.7600. 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.