Edgar Filing: Hull Brandon H - Form 4

Hull Brandon	n H										
Form 4	0011										
December 01	·										
FORM	FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549						COMMISSION		OMB APPROVAL		
							OMB Number:	3235-0287			
Check thi	is box		vv a5	inington,	D.C. 20	547				January 31,	
if no longer STATEMENT OF CHAN			F CHAN	GES IN BENEFICIAL OWNERSHIP OF				Expires:	2005		
subject to Section 1)				SECURITIES				Estimated average		
	Form 4 or						burden hours per response 0.				
Form 5	Filed p	oursuant to	Section 16	6(a) of the	e Securit	ies E	xchang	ge Act of 1934,		010	
obligation	ns Section 1							f 1935 or Sectio	n		
may cont See Instru		30(h)	of the Inv	vestment	Compan	y Act	of 194	40			
1(b).											
(D.)	. .										
(Print or Type F	Responses)										
1 Name and A	ddress of Reportin	ng Person *	2 I	Nama and	T: -1	T	_	5. Relationship of	f Reporting Per	son(s) to	
Hull Brandon H Symb				2. Issuer Name and Ticker or Trading Symbol ATHENAHEALTH INC [ATHN]				Issuer	reporting rer	5011(5) 10	
			•								
				3. Date of Earliest Transaction				(Check all applicable)			
(Last)	(First)	(Middle)	3. Date of (Month/D		ansaction			X Director	10%	b Owner	
C/O CARD	INAL PARTN	ERS, 230	12/01/20	-				Officer (give		er (specify	
NASSAU S		,	12,01,20	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				below)	below)		
	(Street)		4 If Ame	ndment Da	te Original			6. Individual or Jo	oint/Groun Filiu	19(Check	
· · · ·				4. If Amendment, Date Original Filed(Month/Day/Year)				Applicable Line)			
								X Form filed by			
PRINCETO	N, NJ 08542							Form filed by M Person	More than One Re	eporting	
(City)	(State)	(Zip)									
(City)	(State)	(Zip)	Table	e I - Non-D	erivative	Securi	ties Aco	quired, Disposed o	f, or Beneficial	lly Owned	
1.Title of	2. Transaction D			3.				5. Amount of	6. Ownership		
Security (Instr. 3)	(Month/Day/Year) Execution any		on Date, if Transaction(A) or Disposed of Code (D)					Securities Beneficially	Form: Direct (D) or	Indirect Beneficial	
(1150.5)		-	(Day/Year) (Instr. 8) (Instr. 3, 4 and 5)					Owned	Indirect (I)	Ownership	
								Following	(Instr. 4)	(Instr. 4)	
						(A)		Reported Transaction(s)			
						or		(Instr. 3 and 4)			
Common				Code V	Amount	(D)	Price \$,			
Common Stock	12/01/2011			S	2,000 (1)	D	ъ 59.5	14,920	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)

Edgar Filing: Hull Brandon H - Form 4

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. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Secur	ınt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owna Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Relationships						
Director	10% Owner	Officer	Other			
Х						
	12/01/2	011				
	Date					
	2100001	Director 10% Owner X 12/01/2	Director 10% Owner Officer X 12/01/2011			

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) The sale reported on this Form 4 was made pursuant to a written trading plan adopted by the Reporting Person on February 28, 2011, in accordance with Rule 10b5-1.

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.