AUSTEN W GERALD Form 4 July 18, 2012

FORM 4

OMB APPROVAL

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

OMB Number: 3235-0287

Check this box if no longer subject to Section 16. Form 4 or Expires: January 31,

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Estimated average burden hours per response... 0.5

Form 4 or Form 5 obligations may continue. See Instruction

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

1(b).

value

(Print or Type Responses)

1. Name and Address of Reporting Person * AUSTEN W GERALD			2. Issuer Name and Ticker or Trading Symbol ABIOMED INC [ABMD]					5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
(Last) C/O ABIOM HILL DRIV	MED, INC., 22 C	Middle) HERRY	3. Date of (Month/Date 07/16/20	-	nnsaction			_X_ Director Officer (give below)	10%	Owner er (specify	
DANVERS,	(Street) MA 01923			ndment, Dat th/Day/Year)	U	I		6. Individual or Jo Applicable Line) _X_ Form filed by O Form filed by M Person	•	rson	
(City)	(State)	(Zip)	Table	e I - Non-De	erivative :	Secur	ities Acq	uired, Disposed of	f, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	Execution any		3. Transactio Code (Instr. 8)	4. Securin (A) or Di (Instr. 3,	spose	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, \$0.01 par	07/16/2012			M	8,000	A	\$ 10.41	90,200	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.

SEC 1474

(9-02)

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. Transactic Code (Instr. 8)	orof D Secu Acq (A) o Disp (D)	or cosed of cr. 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	07/16/2012		M		8,000	08/11/2005(1)	08/11/2014	Common Stock	8,000
Stock Option (right to buy) (2)	\$ 10.06						08/09/2006(1)	08/10/2015	Common Stock	8,000
Stock Option (right to buy) (2)	\$ 13.21						08/08/2007(1)	08/09/2016	Common Stock	8,000
Stock option (right to buy) (2)	\$ 12.69						08/13/2008(1)	08/08/2017	Common Stock	8,000
Stock Option (right to buy) (3)	\$ 18.63						08/12/2009(1)	08/13/2018	Common Stock	12,000

Reporting Owners

Reporting Owner Name / Address	Relationships						
Reporting Owner Plante, Plantess	Director	10% Owner	Officer	Other			
AUSTEN W GERALD C/O ABIOMED, INC. 22 CHERRY HILL DRIVE DANVERS, MA 01923	X						
Signatures							
/s/ Ian W. McLeod (by power of attorney)	of	07/18/2012					
**Signature of Reporting Person		D	ate				

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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 exercisable 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 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.