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ADIONED INC

Form 4											
FORM Check t if no los subject Section Form 4 Form 5 obligati may con	obligations may continue. See Instruction Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940							E RSHIP OF Act of 1934,	Number:3235-0287Number:January 31, 2005Expires:2005Estimated average burden hours per response0.5		
(Print or Type	e Responses)										
THOMAS PAUL Symbo			Symbol	Ic				. Relationship of Reporting Person(s) to ssuer			
(Last) 22 CHERF	(First) (RY HILL DR	(Middle)	3. Date of Earliest Transaction (Month/Day/Year)X_Director			_X Director Officer (give ti	k all applicable) title 10% Owner title Other (specify below)				
DANVER	(Street) S, MA 01923			nendment, I onth/Day/Ye	-	al	A 	. Individual or Joi applicable Line) X_ Form filed by Ou Form filed by Mo erson	ne Reporting Per	son	
(City)	(State)	(Zip)	Tal	ble I - Non-	Derivative	e Secu		red, Disposed of,	or Beneficiall	y Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deeme Execution any (Month/Da	Date, if	3. 4. Securities Acquired (A) or 5. f TransactiorDisposed of (D) Securities Acquired (A) or 5. f TransactiorDisposed of (D) Security			r 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 value	08/01/2016			M	Amount 10,000	(D) A	Price \$ 18.94	31,311	D		
Common Stock, \$.01 par value	08/01/2016			S <u>(3)</u>	10,000	D	\$ 118.6547 (<u>3)</u>	21,311	D		

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

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information contained in this form are not
required to respond unless the formSEC 1474
(9-02)

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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)	5. Number of orDerivative 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 o Underlying Securities (Instr. 3 and 4)	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Share
Option (right to buy) (1)	\$ 18.94	08/01/2016		М	10,000	01/29/2014(2)	05/26/2020	Common Stock	10,000

Reporting Owners

Reporting Owner Name / Address	Relationships						
1	Director	10% Owner	Officer	Other			
THOMAS PAUL 22 CHERRY HILL DR DANVERS, MA 01923	Х						
Signatures							
/s/ Stephen C. McEvoy (by pov attorney)	08/03/2016						
**Signature of Reporting Perso	n		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 this option to buy the number of Common Stock set forth in Table II, Column 7, under the ABIOMED, Inc. 2008 Stock Incentive Plan.
- (2) These options become exerciseable as following: 50% on the date shown in Table II, Column 6, and 50% on January 29, 2015.
- This price represents the weighted average sale price of multiple transactions on the reported date at prices that ranged between
- (3) \$118.5000 and \$118.9100. 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.