ABIOMED INC Form 4 April 20, 2016

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, 2005

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

e Instruction 50(II) of the Investment Company A

1(b).

Common Stock,

\$0.01 par

value

04/18/2016

(Print or Type Responses)

1. Name and Address of Reporting Person <u>*</u> PUHY DOROTHY E			2. Issuer Name and Ticker or Trading Symbol ABIOMED INC [ABMD]			5. Relationship of Reporting Person(s) to Issuer		
(Last) C/O ABIOM HILL DRIV	IED, INC., 22 CI	Middle) HERRY	3. Date of Earliest Transaction (Month/Day/Year) 04/18/2016			_X_ Director Officer (give below)		Owner er (specify
	(Street)			ndment, Dat th/Day/Year)	Č	6. Individual or Jo Applicable Line) _X_ Form filed by 0	•	
DANVERS,	MA 01923					Form filed by M Person	More than One Re	porting
(City)	(State)	(Zip)	Table	e I - Non-D	erivative Securities Acq	uired, Disposed of	f, or Beneficial	ly Owned
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	Executio any	med n Date, if Day/Year)	3. Transaction Code (Instr. 8)	4. Securities Acquired on(A) or Disposed of (D) (Instr. 3, 4 and 5)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)

Code V

 $S^{(4)}$

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

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SEC 1474

(9-02)

(Instr. 3 and 4)

D

32,190

(D)

D

Amount

10,000

(4)

Price

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)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)			7. Title and A Underlying S (Instr. 3 and	Securities
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Stock option (right to buy) (1)	\$ 12.69					08/13/2008(3)	08/08/2017	Common Stock	0
Stock Option (right to buy) (2)	\$ 18.63					08/12/2009(3)	08/13/2018	Common Stock	0
Stock Option (right to buy) (2)	\$ 7.67					08/11/2010(3)	08/12/2019	Common Stock	0
Stock Option (right to buy) (2)	\$ 9.99					08/10/2011(3)	08/11/2020	Common Stock	0

Reporting Owners

Reporting Owner Name / Address	Relationships				
Transfer de la companya de la compan	Director	10% Owner	Officer	Other	
PUHY DOROTHY E C/O ABIOMED, INC. 22 CHERRY HILL DRIVE DANVERS, MA 01923	X				
Signatures					

Signatures

/s/ Stephen C. McEvoy (by power of attorney)	04/20/2016		
**Signature of Reporting Person	Date		

Reporting Owners 2

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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) 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.
- (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. 2008 Stock Incentive Plan.
- (3) This option becomes exerciseable in full on the date set forth in Table II, Column 6.
- (4) Sale of common stock pursuant to reporting owner's 10b5-1 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.