ABIOMED INC Form 4 March 09, 2016

FORM 4

OMB APPROVAL

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

OMB 3235-0287 Number:

Check this box if no longer subject to Section 16.

Washington, D.C. 20549

January 31, Expires: 2005

Form 4 or Form 5 obligations STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES**

Estimated average burden hours per response...

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

0.5

1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person * Weber David M

2. Issuer Name and Ticker or Trading

5. Relationship of Reporting Person(s) to Issuer

Symbol

ABIOMED INC [ABMD]

(Last)

(First) (Middle) 3. Date of Earliest Transaction

Director 10% Owner

C/O ABIOMED, INC., 22 CHERRY

03/07/2016

(Month/Day/Year)

_X__ Officer (give title _ Other (specify below)

Chief Operating Officer

(Check all applicable)

HILL DRIVE

4. If Amendment, Date Original

6. Individual or Joint/Group Filing(Check

(Street) Filed(Month/Day/Year)

Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting

Person

below)

DANVERS, MA 01923

(City)	(State)	(Zip) Tab	le I - Non-	Derivative	e Secu	rities Acqui	red, Disposed of,	or Beneficial	y 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)	, ,		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	Amount		Price	(Instr. 3 and 4)		
Common Stock, \$.01 par value	03/07/2016		M(5)	8,111 (5)	A	\$ 5.86	125,761	D	
Common Stock, \$.01 par value	03/07/2016		S(5)	8,111 (5)	D	\$ 85.2095 <u>(6)</u>	117,650	D	
Common Stock, \$.01 par value	03/08/2016		M <u>(5)</u>	9,410 (5)	A	\$ 5.86	127,060	D	

Edgar Filing: ABIOMED INC - Form 4

Common					¢		
Stock,	02/00/2016	G(5)	9,410	_	φ 07.1000	117.650	_
\$.01 par	03/08/2016	$S_{\underline{(5)}}$	(5)	D	85.1909	117,650	D
value			_		(/)		

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)

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)	Secu Acqu or D (D)	rities nired (A) isposed of r. 3, 4,	Expiration Date		7. Title and Amount of Underlying Securities (Instr. 3 and 4)	
				Code V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shar
Stock Option (right to buy) (1)	\$ 13.88						04/23/2008(2)	04/23/2017	Common Stock	0
Stock Option (right to buy) (1)	\$ 13.8						05/23/2009(2)	05/23/2018	Common Stock	0
Stock Option (right to buy) (3)	\$ 5.86	03/07/2016		M(5)		17,521 (5)	05/28/2010(2)	05/28/2019	Common Stock	17,52
Stock Options (right to buy) (3)	\$ 5.86						03/31/2010(2)	05/28/2019	Common Stock	0
Stock Option (right to buy) (3)	\$ 10.03						06/03/2011(2)	06/03/2020	Common Stock	0
Stock Option (right to	\$ 22.44						05/22/2013(2)	05/22/2022	Common Stock	0

Edgar Filing: ABIOMED INC - Form 4

buy) <u>(3)</u>					
Stock Option (Right to Buy) (3)	\$ 23.15	05/14/2014(2)	05/14/2023	Common Stock	0
Stock Option (Right to Buy) (3)	\$ 21.55	05/14/2015(4)	05/14/2024	Common Stock	0
Stock Option (right to buy) (3)	\$ 66.25	05/13/2016(4)	05/13/2025	Common Stock	0

Relationshine

Reporting Owners

Reporting Owner Name / Address	iciationships					
	Director	10% Owner	Officer	Other		

Weber David M C/O ABIOMED, INC. 22 CHERRY HILL DRIVE DANVERS, MA 01923

Chief Operating Officer

Signatures

/s/ Stephen C. McEvoy (by power of attorney) 03/09/2016

**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) 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) This option becomes exercisable in annual 25% increments, commencing on the date shown in Table II, Column 6.
- (3) 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.
- (4) These options become exercisable in annual 33-1/3% increments, commencing on the date shown in Table II, Column 6.
- (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 \$85.0000 (6) and \$85.6500. 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 \$85.0000 (7) and \$85.8700. 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.

Reporting Owners 3

Edgar Filing: ABIOMED INC - Form 4

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.