Edgar Filing: ATHENAHEALTH INC - Form 4

ATHENAH Form 4 October 27,	EALTH INC										
FORM	ЛЛ	STATES	SECUE	RITIES A	ND EX	сна	NGE C	OMMISSION	-	PROVAL	
Check this box							01011011001011	OMB Number:	3235-0287		
if no lon subject t Section Form 4 o	1ENT OF	F CHANGES IN BENEFICIAL OWN SECURITIES					NERSHIP OF	January 31, 2005 Iverage rs per 0.5			
Form 4 or Form 5 obligations may continue. See Instruction 1(b). Form 5 obligations may continue. See Instruction 1(b). Form 5 obligations may continue. See Instruction 1(c) Form 5 obligations Mage (Company Act of 1935) 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 (Company Act of 1940) (Company Act of 1940)											
(Print or Type	Responses)										
COSINUKE ROBERT Syn			2. Issuer Name and Ticker or Trading Symbol ATHENAHEALTH INC [ATHN]					5. Relationship of Reporting Person(s) to Issuer			
(Last)	(First) (I	Middle)	3. Date of Earliest Transaction					(Check	all applicable)		
				Ionth/Day/Year))/23/2015				Director 10% Owner X Officer (give title Other (specify below) SVP, Chief Marketing Officer			
				endment, Date Original onth/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line) _X_Form filed by One Reporting Person			
WATERTOWN, MA 02472 Form filed by More than One Reporting Person							porting				
(City)	(State)	(Zip)	Tab	le I - Non-I	Derivative	Secu	ities Acq	uired, Disposed of,	or Beneficiall	y Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deem Execution any (Month/D	Date, if	3. Transactio Code (Instr. 8)	4. Securit on(A) or Di (Instr. 3, Amount	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)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Common Stock	10/23/2015			S	1,211	D	\$ 159.02 (1)	0	Ι	See Footnote (2)	
Common Stock								40,322	D		

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

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

Reporting Owners

Reporting Owner Name / Address	Relationships							
	Director	10% Owner	Officer	Other				
COSINUKE ROBERT C/O ATHENAHEALTH, INC 311 ARSENAL STREET WATERTOWN, MA 02472			SVP, Chief Marketing Officer					
Signatures								
/s/ Lan Marinelli Attorney-in-Fact	10/27/2	015						

Date

**Signature of Reporting Person

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).
- This price represents the weighted average of sales ranging from \$159.01 to \$159.07. Upon request by the Commission staff, the Issuer,(1) or a security holder of the Issuer, the Reporting Person will provide full information regarding the number of shares sold at each separate price.

The shares are held directly by the Robert Lyon Cosinuke Trust UAD 8/21/1998. The reporting person's wife and children are

(2) beneficiaries of the Robert Lyon Cosinuke Trust UAD 8/21/1998, and the reporting person disclaims beneficial ownership of all shares except to the extent of his pecuniary interest therein.

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.