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ATHENAH	EALTH INC												
Form 4													
December 1	6, 2015												
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION								OMB APPROVAL					
	UNITED	STATES				ND EX , D.C. 2		ANGE CO	OMMISSION	OMB Number:	3235-0287		
Check th if no lon subject t Section Form 4 d	ger STATEN 16.									Expires: January 3 200 Estimated average burden hours per response 0.			
Form 5 obligations may continue Filed pursuant to Section 16(a) of Section 17(a) of the Public Utility F						a) of the Securities Exchange Act of 1934, ty Holding Company Act of 1935 or Section stment Company Act of 1940							
(Print or Type	Responses)												
1. Name and Address of Reporting Person <u>*</u> Ittycheria Dev			2. Issuer Name and Ticker or Trading Symbol ATHENAHEALTH INC [ATHN]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
(Last)	(First) (Middle)	3. Date of	of Earlie	st Ti	ransactio	ı		(Check	all applicable	;)		
((Month/Day/Year) 12/14/2015						XDirector Officer (give t below)	Officer (give title Other (specify			
	(Street)		4. If Am	endmen	t, Da	ate Origir	al		6. Individual or Joi	nt/Group Filin	g(Check		
	Filed(Month/Day/Year) Applicable Line) _X_ Form filed by C				One Reporting Person fore than One Reporting								
WATERTO	DWN, MA 02472								Person	ore than one Re	porting		
(City)	(State)	(Zip)	Tab	ole I - N	on-I	Derivativ	e Secu	rities Acqu	uired, Disposed of,	or Beneficial	ly Owned		
1.Title of Security (Instr. 3)2. Transaction I (Month/Day/Yet)				3. 4. Securities Acquired (A Transactionor Disposed of (D) Code (Instr. 3, 4 and 5) (Instr. 8) (A)					Securities Beneficially Owned Following Reported	OwnershipInForm:BDirect (D)Cor Indirect(I)(I)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
				Code	v	Amount	or	Price	Transaction(s) (Instr. 3 and 4)	(Instr. 4)			
Common Stock	12/14/2015			S		1,290	D	\$ 157.055	10,487	D			
Common Stock	12/15/2015			G	V	645 <u>(1)</u>	D	\$0	9,842	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. Transactio Code (Instr. 8)	5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Amou Unde Secur	le and int of rlying ities . 3 and 4)	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		

Other

Reporting Owners

Reporting Owner Name / Address

Relationships

Reporting Owner Hume, Huuress			
	Director	10% Owner	Officer
Ittycheria Dev C/O ATHENAHEALTH, INC. 311 ARSENAL STREET WATERTOWN, MA 02472	Х		
Signatures			
/s/ Lan Marinelli	12	2/16/2015	

/s/ Attorney-in-Fact

**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) Represents a bona fide gift.

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.