#### Edgar Filing: ATHENAHEALTH INC - Form 4

ATHENAHE	EALTH INC											
Form 4	1.6											
March 03, 20											PPROVAL	
FORM	<b>4</b> UNITE	D STATE				ND EXC D.C. 205		NGE (	COMMISSION	-	3235-0287	
Check thi if no long subject to Section 10		F CHANGES IN BENEFICIAL OWNERSHIP ( SECURITIES						Expires: January 31 2009 Estimated average burden hours per				
Form 4 or										response	•	
Form 5 obligation may conti <i>See</i> Instru 1(b).	$\frac{1}{1}$ Section 1	7(a) of the		ility Ho	ldi	ng Com	pany	Act o	ge Act of 1934, f 1935 or Sectio 40	n		
(Print or Type R	esponses)											
Abernethy Amy Symbol			Symbol	. Issuer Name <b>and</b> Ticker or Trading mbol FHENAHEALTH INC [ATHN]					5. Relationship of Reporting Person(s) to Issuer			
(Last)	(First)	(Middle)	3. Date of			_			(Cheo	ck all applicable	e)	
, ,	VAHEALTH, I	. ,	(Month/Da 03/01/20	ay/Year)	1141	isaction			X Director Officer (give below)		6 Owner er (specify	
	(Street)	Filed(Month/Day/Year)       Applicable Line)         _X_ Form filed by One Reporting Person					erson					
WATERTO	WN, MA 0247	2							Form filed by M Person	More than One Ro	eporting	
(City)	(State)	(Zip)	Table	e I - Non-	-De	rivative S	ecuri	ties Ac	quired, Disposed o	f, or Beneficia	lly Owned	
1.Title of Security (Instr. 3)	2. Transaction E (Month/Day/Ye	ar) Execut any	emed ion Date, if /Day/Year)	Code (Instr. 8	3)	4. Securit nAcquired Disposed (Instr. 3, Amount	(A) o 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	03/01/2016			А		1,700 (1)	А	\$0	4,649	D		

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.

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

#### 1. Title of 3. Transaction Date 3A. Deemed 7. Title and 8. Price of 2. 4. 5. 6. Date Exercisable and Derivative Conversion (Month/Day/Year) Execution Date, if TransactionNumber Expiration Date Amount of Derivative Security or Exercise any Code of (Month/Day/Year) Underlying Security (Instr. 3) Price of (Month/Day/Year) (Instr. 8) Securities (Instr. 5) Derivative (Instr. 3 and 4) Derivative Securities Security Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) Amount or Date Expiration Title Number Exercisable Date of Code V (A) (D) Shares

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## **Reporting Owners**

<b>Reporting Owner Name / Address</b>	Relationships						
	Director	10% Owner	Officer	Other			
Abernethy Amy C/O ATHENAHEALTH, INC. 311 ARSENAL STREET WATERTOWN, MA 02472	Х						
Signatures							
/s/ Lan Marinelli Attorney-in-Fact	03						
**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 an award of restricted stock units pursuant to the Issuer's 2007 Stock Option and Incentive Plan, as amended and restated. The restricted stock units fully vest on March 1, 2017.

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.

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