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

ATHENAHE	ALTH INC										
Form 4											
March 03, 20	16										
FORM	1									PPROVAL	
	UNITED	STATES			AND EX( , D.C. 205		NGE	COMMISSION	OMB Number:	3235-0287	
Check this									Expires:	January 31,	
if no long subject to	F CHAN	CHANGES IN BENEFICIAL OW				<b>NERSHIP OF</b>		2005			
-	Section 16. SECURITIES								Estimated average burden hours per		
Form 4 or									response	•	
Form 5 obligation	· .							ge Act of 1934,			
may conti				•	•			of 1935 or Sectio	n		
See Instru		30(h)	of the Inv	vestment	t Company	y Act	of 19	40			
1(b).											
(Drint or Tuno D	22 <b>7</b> 2 <b>7</b> 222)										
(Print or Type R	esponses)										
KOSECOEE LA COLIELINIE D				2. Issuer Name <b>and</b> Ticker or Trading ymbol				5. Relationship of Reporting Person(s) to Issuer			
			ATHEN	AHEAL	TH INC	ATH	[N]		1 11 12 11	<b>`</b>	
(Last)	(First) (	Middle)	3 Date of	3. Date of Earliest Transaction					ck all applicable	e)	
			(Month/Da		runsuetron			X Director	10%	b Owner	
				3/01/2016				Officer (give title Other (specify			
ARSENAL S	STREET							below)	below)		
	(Street)		4. If Amer	ndment. D	ate Original			6. Individual or J	oint/Group Filin	ng(Check	
· · /				Filed(Month/Day/Year)				Applicable Line)			
				·	·			$_X_Form filed by$			
WATERTO	WN, MA 02472							Form filed by M Person	More than One Re	eporting	
(City)	(State)	(Zin)									
(City)	(State)	(Zip)	Table	e I - Non-l	Derivative S	Securi	ties Ac	quired, Disposed o	f, or Beneficial	lly Owned	
1.Title of	2. Transaction Da			3.	4. Securi			5. Amount of	6. Ownership	7. Nature of	
Security	(Month/Day/Year	· · · · ·		TransactionAcquired (A) or				Securities	Form: Direct	Indirect Beneficial	
(Instr. 3)			any (Month/Day/Year)		CodeDisposed of (D)(Instr. 8)(Instr. 3, 4 and 5)			· ·	(D) or Indirect (I)	Ownership	
				(	(		- /	Following	(Instr. 4)	(Instr. 4)	
						(A)		Reported			
						or		Transaction(s) (Instr. 3 and 4)			
				Code V	Amount	(D)	Price	(msu. 5 and 4)			
Common Stock	03/01/2016			А	1,700 (1)	А	\$0	8,979	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**

Reporting Owner Name / Address	Relationships					
	Director	10% Owner	Officer	Other		
KOSECOFF JACQUELINE B C/O ATHENAHEALTH, INC. 311 ARSENAL STREET WATERTOWN, MA 02472	Х					
Signatures						
/s/ Lan Marinelli Attorney-in-Fact	03/02/2016					
**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) 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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