Edgar Filing: ATHENAHEALTH INC - Form 4

ATHENAHE	EALTH INC												
Form 4	016												
October 11, 2	_										PPROVAL		
FORM	4 UNITE	D STATES				ND EX(D.C. 205		NGE (COMMISSION	-	3235-0287		
if no long subject to Section 10	Check this box if no longer subject to Section 16. Form 4 or						NERSHIP OF	Expires: Estimated a burden hou	Estimated average burden hours per				
Form 5 obligation may conti <i>See</i> Instru 1(b).	Filed p nue. Section 1	7(a) of the		ility Ho	oldi	ing Com	pany	Act o	ge Act of 1934, f 1935 or Sectio 40	response	0.5		
(Print or Type R	lesponses)												
	1. Name and Address of Reporting Person <u>*</u> Hull Brandon H					Ticker or '		-	5. Relationship of Reporting Person(s) to Issuer				
(Last)	(First)	(Middle)	3. Date of	Earliest	Tra	nsaction			(Chec	ck all applicable	all applicable)		
C/O ATHEN	VAHEALTH, I STREET	NC., 311	(Month/Da 10/10/20	• ·	1				X Director Officer (give below)		b Owner er (specify		
	(Street)		4. If Amer Filed(Mont			e Original			Applicable Line)	. Individual or Joint/Group Filing(Check pplicable Line) X_ Form filed by One Reporting Person			
WATERTO	WN, MA 0247	2								More than One Re			
(City)	(State)	(Zip)	Table	e I - Non	-De	erivative S	Securi	ties Ac	quired, Disposed o	f, or Beneficial	lly Owned		
1.Title of Security (Instr. 3)	2. Transaction E (Month/Day/Ye	ar) Executi any	emed on Date, if /Day/Year)	Code (Instr.)	8)	4. Securi nAcquirec Disposec (Instr. 3,	I (A) o I of (D 4 and (A) or) 5)	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	10/10/2016			Code $S(1)$	V	Amount 2,400	(D) D	Price \$ 130	3,987	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 6. Date Exercisable and 7. Title and 8. Price of 2. 4. 5. 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

Edgar Filing: ATHENAHEALTH INC - Form 4

Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	Director 10% Owner Officer		Other			
Hull Brandon H C/O ATHENAHEALTH, INC. 311 ARSENAL STREET WATERTOWN, MA 02472	Х						
Signatures							
/s/ Lan Marinelli Attorney-in-Fact	10						
**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) The sale reported on this Form 4 was made pursuant to a written trading plan adopted by the Reporting Person on December 14, 2015, in accordance with Rule 10b5-1.

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.

9. Nt

Deriv

Secu

Bene

Own

Follo

Repo

Trans

(Insti