Edgar Filing: KANE JOHN A - Form 4

KANE JOHN Form 4	IА										
August 03, 20	017										
FORM	4									PPROVAL	
	UNITEDS	TATES		ITIES A				COMMISSION	OMB Number:	3235-0287	
Subject to Section 16. Form 4 or				CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES					Expires: January 31 2005 Estimated average burden hours per response 0.5		
Form 5 obligation may conti <i>See</i> Instru 1(b).	nue. Section 17(a) of the P		lity Hol	ding Co	mpai	ny Act o	ge Act of 1934, of 1935 or Sectio 940	n		
(Print or Type R	esponses)										
1. Name and Address of Reporting Person <u>*</u> KANE JOHN A			2. Issuer Name and Ticker or Trading Symbol				ling	5. Relationship of Reporting Person(s) to Issuer			
(Lest)	(First) (M		ATHENAHEALTH INC [ATHN] 3. Date of Earliest Transaction				THN]	(Check all applicable)			
(Last) C/O ATHEN ARSENAL S	JAHEALTH, INC	ŕ	3. Date of (Month/Da 08/01/20	y/Year)	ransactio	1		_X_ Director _X_ Officer (give below)		% Owner her (specify	
				If Amendment, Date Original ed(Month/Day/Year)				 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person 			
WATERTO	WN, MA 02472							Form filed by M Person	More than One R	eporting	
(City)	(State) (Zip)	Table	I - Non-l	Derivativ	e Secu	rities Ac	cquired, Disposed of	f, or Beneficia	lly Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	Execution any	emed 3. 4. Securities on Date, if TransactionAcquired (A) or Code Disposed of (D) Day/Year) (Instr. 8) (Instr. 3, 4 and 5) (A)			5. Amount of Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
2				Code V	/ Amou	o nt (I	r	Transaction(s) (Instr. 3 and 4)			
Common	08/01/2017			А	2,739	A	\$0	12,468 <u>(2)</u>	D		

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

Stock

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02) 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)

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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. Transactic Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	7. Titl Amou Under Securi (Instr.	int of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owna Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date		Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships						
Reporting O when I tune / I ture os	Director	10% Owner	Officer	Other			
KANE JOHN A C/O ATHENAHEALTH, INC. 311 ARSENAL STREET WATERTOWN, MA 02472	Х		Interim CFO				
Signatures							
/s/ Lan Marinelli Attorney-in-Fact	08	8/03/2017					

**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).
- Represents units of common stock granted pursuant to a restricted stock unit ("RSU") award under the Issuer's 2007 Stock Option and
 (1) Incentive Plan, as amended and restated. Each RSU represents a contingent right to receive one share of the Issuer's common stock. The RSUs are subject to time-based vesting and will be settled only in stock.
- (2) 4,635 of these securities are RSUs that are subject to time-based vesting and will be settled only in stock.

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.