## Edgar Filing: Hull Brandon H - Form 4

Hull Brandor	n H											
Form 4												
November 21	1, 2017											
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION							-	OMB APPROVAL				
	UNITED	STATES		ITIES A hington,			NGE (	COMMISSION	OMB Number:	3235-0287		
Check thi							Expires:	January 31,				
if no longer subject to STATEMENT OF CHAI				NGES IN BENEFICIAL OWNERSHIP O				NERSHIP OF	Estimated average burden hours per			
-	Section 16.				SECURITIES							
Form 4 or									response			
Form 5 obligation	• •						-	ge Act of 1934,				
may cont	Section 17							f 1935 or Sectio	n			
See Instru	iction	30(h)	of the Inv	vestment	Compan	y Act	of 19	40				
1(b).												
(Print or Type F	Responses)											
1. Name and Address of Reporting Person *2. IssuerHull Brandon HSymbol				i i tuine una i tener or i tuang				5. Relationship of Reporting Person(s) to Issuer				
												ATHE
(Last)	(First)	(Middle)	3. Date of	Earliest Tra	ansaction			(0.00	in an approach	•)		
			(Month/D	•				_X_ Director		6 Owner		
	NAHEALTH, IN	NC., 311	11/20/20	)17				Officer (give below)	title Oth below)	er (specify		
ARSENAL	STREET											
			4. If Amer	If Amendment, Date Original				6. Individual or Joint/Group Filing(Check				
			Filed(Mon	th/Day/Year)	)			Applicable Line) _X_ Form filed by One Reporting Person				
WATEDTO								_X_ Form filed by 0				
WAIEKIO	WN, MA 02472	2						Person				
(City)	(State)	(Zip)	Table	e I - Non-D	erivative S	Securi	ties Ac	quired, Disposed of	f, or Beneficial	lly Owned		
1.Title of	2. Transaction Da	ate 2A. Dee	emed	3.	4. Securi			5. Amount of	6. Ownership	7. Nature of		
Security	(Month/Day/Year		on Date, if		onAcquired			Securities	Form: Direct	Indirect		
(Instr. 3)		any (Month/	/Day/Year)	CodeDisposed of (D)(Instr. 8)(Instr. 3, 4 and 5)				Beneficially Owned	(D) or Indirect (I)	Beneficial Ownership		
		(Wonth)	Duy/ I cui)	(11341.0)	(msa. 5, 4 and 5)		5)	Following	(Instr. 4)	(Instr. 4)		
						(A)		Reported				
						or		Transaction(s)				
				Code V	Amount	(D)	Price	(Instr. 3 and 4)				
Common Stock	11/20/2017			S <u>(1)</u>	800	D	\$ 130	7,483 (2)	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)

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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. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Secur	ınt 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	Title	Amount or Number of Shares		

## **Reporting Owners**

Reporting Owner Name / Address	Relationships						
	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	11	1/21/2017					
**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).
- (1) The sales reported on this Form 4 were made pursuant to a written trading plan adopted by the Reporting Person on February 28, 2017, in accordance with Rule 10b5-1.
- Includes 1,896 units of common stock that were granted pursuant to a restricted stock unit ("RSU") award under the athenahealth, Inc.
- (2) 2007 Stock Option and Incentive Plan, as amended and restated. Pursuant to the Issuer's 2017 Director Compensation Plan, the RSUs fully vest on March 1, 2018 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.