Edgar Filing: Khot Prakash - Form 4

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| Form 4 | | | | | | | | | | | | |
|---|---|---|--------------------------------------|--|------------|---------------|---|--|---|---|--|--|
| February 05 FORN Check th if no lon | 14 UNITED | UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 20(b) of the Investment Company Act of 1040 | | | | | | | | OMB APPROVAL OMB 3235-0287 Number: January 31, Expires: 2005 | | |
| subject to Section 1 Form 4 of Form 5 obligatio may con <i>See</i> Instr 1(b). | 16. or ^{ons} tinue. Section 176 | | | | | | | | | Estimated average burden hours per response 0.5 | | |
| (Print or Type | Responses) | | | | | | | | | | | |
| Khot Prakash Symbol | | | er Name and Ticker or Trading | | | | 5. Relationship of Reporting Person(s) to Issuer | | | | | |
| (Last) C/O ATHE ARSENAL | NAHEALTH, IN | | 3. Date of (Month/E 02/01/2 | • | ransaction | | | Director X Officer (give below) | | Owner r (specify | | |
| | (Street) | | | endment, Da nth/Day/Year | U U | ıl | | 6. Individual or Joi Applicable Line) _X_ Form filed by O | - | - | | |
| WATERTO | OWN, MA 02472 | , | | | | | | Form filed by M Person | ore than One Rej | porting | | |
| (City) | (State) | (Zip) | Tab | le I - Non-D | Derivative | Secur | ities Acqu | uired, Disposed of, | or Beneficiall | y Owned | | |
| 1.Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | | Date, if | 3. Transactio Code (Instr. 8) Code V | (Instr. 3, | sposed | d 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 | 02/01/2018 | | | F | 961 | (D) D (1) | \$ 125.31 | 22,985 <u>(2)</u> | 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) | 4. Transactio Code (Instr. 8) | 5. orNumber 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 | | | | |
| Khot Prakash C/O ATHENAHEALTH, INC. 311 ARSENAL ST. WATERTOWN, MA 02472 | | | EVP, Chief Technology Officer | | | | | |
| Signatures | | | | | | | | |

/s/ Dan Haley, Attorney-in-Fact 02/05/2018

**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) Shares withheld to satisfy tax withholding obligations incurred upon the vesting of Restricted Stock Units ("RSUs"). This transaction is considered an exempt sale pursuant to Rule 16b-3(e) promulgated under the Securities Exchange Act of 1934.
- (2) Includes 18,750 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.