### Edgar Filing: ATHENAHEALTH INC - Form 3

#### ATHENAHEALTH INC

Form 3

September 19, 2007

#### UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

**OMB APPROVAL** 

**OMB** Number:

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**SECURITIES** 

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF

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

30(h) of the Investment Company Act of 1940

(Print or Type Responses)

1. Name and Address of Reporting

Person \*

MANN JAMES L

(Last)

(First)

(Middle)

Statement

(Month/Day/Year)

09/19/2007

2. Date of Event Requiring 3. Issuer Name and Ticker or Trading Symbol

ATHENAHEALTH INC [ATHN]

4. Relationship of Reporting Person(s) to Issuer

\_X\_ Director Officer

5. If Amendment, Date Original

Filed(Month/Day/Year)

C/O ATHENAHEALTH,

INC., Â 311 ARSENAL STREET

(Street)

(Check all applicable)

(give title below) (specify below)

10% Owner Other

6. Individual or Joint/Group Filing(Check Applicable Line)

\_X\_ Form filed by One Reporting

Person

Form filed by More than One

Reporting Person

4. Nature of Indirect Beneficial

WATERTOWN, MAÂ 02472

(City) (State) (Zip)

1. Title of Security

(Instr. 4)

Table I - Non-Derivative Securities Beneficially Owned 2. Amount of Securities

Beneficially Owned

(Instr. 4)

Ownership Form:

Ownership (Instr. 5)

Direct (D) or Indirect (I) (Instr. 5)

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

SEC 1473 (7-02)

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Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 4)

2. Date Exercisable and **Expiration Date** (Month/Day/Year)

3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)

4. Conversion or Exercise Price of Derivative

5. Ownership Form of Derivative

6. Nature of Indirect Beneficial Ownership

(Instr. 5)

Date Exercisable Expiration

Date

Title

Amount or Number of Shares

Security: Security Direct (D)

or Indirect (I)

1

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|                             |               |            |                 |        |         | (Instr. 5) |   |
|-----------------------------|---------------|------------|-----------------|--------|---------|------------|---|
| Stock Option (Right to Buy) | 05/04/2006(1) | 05/04/2016 | Common<br>Stock | 40,000 | \$ 5.72 | D          | Â |
| Stock Option (Right to Buy) | 05/04/2006(1) | 05/04/2016 | Common<br>Stock | 20,000 | \$ 5.72 | D          | Â |

# **Reporting Owners**

| Reporting Owner Name / Address | Relationships |           |         |       |  |
|--------------------------------|---------------|-----------|---------|-------|--|
| <b>Fg</b>                      | Director      | 10% Owner | Officer | Other |  |
| MANN JAMES L                   |               |           |         |       |  |
| C/O ATHENAHEALTH, INC.         | ÂΧ            | Â         | â       | Â     |  |
| 311 ARSENAL STREET             | АЛ            | A         | A       | A     |  |
| WATERTOWN, MA 02472            |               |           |         |       |  |

## **Signatures**

/s/ Christopher E. Nolin
Attorney-in-Fact
09/19/2007

\*\*Signature of Reporting Person Date

### **Explanation of Responses:**

- \* If the form is filed by more than one reporting person, see Instruction 5(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) 100% of the options in this grant were exercisable on the date listed on the table; 6.25% of the options vest after every three month period following the vesting start date of May 4, 2006 until fully vested on the fourth anniversary of the vesting start date.

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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