Edgar Filing: ATHENAHEALTH INC - Form 4

ATHENAH Form 4 June 03, 200	1 /	TES SECURITI	IFS A1	ND FX(ЧЛ	NGF C	OMMISSION	-	PPROVAL	
		Washin						OMB Number:	3235-0287	
Check th if no lon	ger	ox STATEMENT OF CHANGES IN BENEFICIAL OWN SECURITIES							January 31, 2005	
subject to Section 7 Form 4 c	6. STATEMEN								average urs per	
Form 4 or Form 5 obligations may continue. See Instruction 1(b). Form 5 obligations may continue. See Instruction 1(b). Form 5 obligations may continue. See Instruction 1(c) (c) (c) (c) (c) (c) (c) (c)										
(Print or Type	Responses)									
Nolin Christopher E. Symbol			er Name and Ticker or Trading				5. Relationship of Reporting Person(s) to Issuer			
			f Earliest Transaction				(Check all applicable)			
(Month/D C/O ATHENAHEALTH, INC., 311 06/02/20 ARSENAL STREET			/Day/Year) 2008				Director 10% Owner Officer (give title Other (specify below) Senior VP, GC and Secretary			
			endment, Date Original nth/Day/Year)				6. Individual or Joint/Group Filing(CheckApplicable Line)_X_ Form filed by One Reporting Person			
WATERTO	Form filed by More than One Reporting Person					porting				
(City)	(State) (Zip)	Table I -	Non-Do	erivative	Secur	ities Acq	uired, Disposed of	, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	any	ution Date, if Tra	Transaction(A) or Disposed of (D) Code (Instr. 3, 4 and 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)		
		Co	ode V	Amount	(D)	Price	(Instr. 5 and 1)		See	
Common Stock	06/02/2008	S	5	40 <u>(1)</u>	D	\$ 30	166,660	I	Footnote (2)	
Common Stock	06/02/2008	S	5	320 <u>(1)</u>	D	\$ 30.01	166,340	I	See Footnote (2)	
Common Stock	06/02/2008	S	5	40 <u>(1)</u>	D	\$ 31.37	166,300	I	See Footnote (2)	

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

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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. Title of Derivative	2. Conversion	3. Transaction Date (Month/Day/Year)		4. Transactio	5. Mumber	6. Date Exerce Expiration D		7. Titl Amou		8. Price of Derivative	9. Nu Deriv
Security (Instr. 3)	or Exercise Price of Derivative Security	(Month Day Tear)	any (Month/Day/Year)	Code (Instr. 8)	of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	(Month/Day/ e		Under Secur	rlying	Security (Instr. 5)	Secur Bene Owno 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				
Nolin Christopher E. C/O ATHENAHEALTH, INC. 311 ARSENAL STREET WATERTOWN, MA 02472			Senior VP, GC and Secretary					

Signatures

/s/ Carl B. Byers 06/03/2008 Attorney-in-Fact

**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).
- The sales reported on this Form 4 were made pursuant to a written trading plan adopted by the trustee of The Nolin Investment Trust (see (1)footnote 2) on January 22, 2008 in accordance with SEC Rule 10b5-1.

These shares are owned by The Nolin Investment Trust, the beneficiaries of which are Mr. Nolin and his wife. The Reporting Person (2) disclaims beneficial ownership of these securities, and this report shall not be deemed an admission that the Reporting Person is the beneficial owner of the securities for purposes of Section 16 or for any other purpose.

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.