Edgar Filing: ATHENAHEALTH INC - Form 4

ATHENAHE	EALTH INC											
Form 4												
June 23, 200	8											
FORM	IA									-	PPROVAL	
	UNITED) STATES				ND EXC D.C. 205		GE C	COMMISSION	OMB Number:	3235-0287	
Check thi				U						Expires:	January 31,	
if no longer subject to STATEMENT O			F CHANGES IN BENEFICIAL OWN SECURITIES						NERSHIP OF	•	2005	
Section 1		Estimated average burden hours per										
Form 4 or										response	0.5	
Form 5 obligation									e Act of 1934,			
may cont	Section 17								1935 or Sectio	n		
See Instru		30(h)	of the In	vestme	ent (Company	v Act	of 194	10			
1(b).												
(Print or Type R	Pernonses)											
(I find of Type F	(csponses)											
1. Name and A	ddress of Reporting	g Person *	2 Issuer	Name	and '	Ticker or T	rading	r	5. Relationship of	Reporting Pers	son(s) to	
Park Todd Y. Syr			Symbol	i vanie i		richer of 1	ruanie	,	Issuer			
			-	AHEA	٨LT	H INC [ATH	NI				
(Last) (First) (Middle)				ATHENAHEALTH INC [ATHN] 3. Date of Earliest Transaction						(Check all applicable)		
(Last)	(11131)	(Mildule)	(Month/D			insaction			X Director	10%	Owner	
C/O ATHEN	NAHEALTH, II	NC., 311	06/19/20)				Officer (give		er (specify	
ARSENAL		, -	00,17,2						below)	below)		
	(Street)		4. If Ame	ndment	Date	e Original			6 Individual or Id	oint/Group Filir	or Check	
× ,						e Originar			6. Individual or Joint/Group Filing(Check Applicable Line)			
Filed(Month/Day				uii Duyi I	/uj/10al)				_X_Form filed by One Reporting Person			
WATERTO	WN, MA 02472	2							Form filed by N Person	Iore than One Re	porting	
		(7.)							reison			
(City)	(State)	(Zip)	Table	e I - No	n-De	erivative S	ecurit	ies Acq	uired, Disposed of	f, or Beneficial	ly Owned	
1.Title of	2. Transaction Da	ate 2A. Dee	med	3.		4. Securit			5. Amount of	6. Ownership	7. Nature of	
Security	(Month/Day/Yea		on Date, if	Transaction(A) or Disposed of Code (D)				of	Securities	Form: Direct		
(Instr. 3)		•	any (Month/Day/Year)			(D) (Instr. 3, 4	4 and 4	5)	Beneficially Owned	(D) or Beneficial Indirect (I) Ownership		
		(infoliation	Duj/ I cui)	(Instr.	0)	(111511: 5),	i una c	<i>,</i>)	Following	(Instr. 4)	(Instr. 4)	
							(A)		Reported			
							or		Transaction(s) (Instr. 3 and 4)			
				Code	V	Amount	(D)	Price	(msu. 5 and 4)			
Common Stock	06/19/2008			G	V	16,300 (1)	D	\$0	917,350	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)

1. Title of 3. Transaction Date 3A. Deemed 6. Date Exercisable and 7. Title and 8. Price of 2. 4. 5. (Month/Day/Year) Derivative Conversion Execution Date, if TransactionNumber Expiration Date Amount of Derivative Underlying Security or Exercise any Code of (Month/Day/Year) Security (Instr. 3) Price of (Month/Day/Year) (Instr. 8) Securities (Instr. 5) Derivative (Instr. 3 and 4) Derivative Securities Security Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) Amount or Date Expiration Title Number Exercisable Date of Shares Code V (A) (D)

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Reporting Owners

Reporting Owner Name / Address	Relationships					
	Director	10% Owner	Officer	Other		
Park Todd Y. C/O ATHENAHEALTH, INC. 311 ARSENAL STREET WATERTOWN, MA 02472	Х					
Signatures						
/s/ Carl B. Byers Attorney-in-Fact	00					
**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) These shares were a bona fide gift to a charity.

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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