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Byers Carl H Form 4 July 03, 200 FORM Check th if no lon subject t Section	8 1 4 UNITED STAT ^{his box} ger o STATEMENT	ES SECURITIES A Washington OF CHANGES IN SECUI	, D.C. 20 BENEF	549			OMB Number: Expires: Estimated a	0		
Section 16.SECONTTIESburden hours per responseForm 4 orForm 5Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,0.5obligations may continue.Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 19400.5										
(Print or Type	Responses)									
1. Name and A Byers Carl	Address of Reporting Person] B.	Symbol	er Name and Ticker or Trading 5. Relationship of Reporting P Issuer							
(Last)	(First) (Middle)	3. Date of Earliest T]	(Checl	k all applicable	;)		
C/O ATHE ARSENAL	NAHEALTH, INC., 31 STREET	(Month/Day/Year) 07/01/2008					Director 10% Owner X Officer (give title Other (specify below) below) Senior VP, CFO and Treasurer			
	4. If Amendment, D Filed(Month/Day/Yea	hth/Day/Year) Applicable Line) _X_ Form filed b					Joint/Group Filing(Check One Reporting Person More than One Reporting			
	OWN, MA 02472					Person		porting		
(City)	(State) (Zip)				-	uired, Disposed of		-		
1.Title of Security (Instr. 3)	any		4. Securi on(A) or D (Instr. 3,	ispose	d of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)			
Common			Amount		Price	(Instr. 3 and 4)				
Stock	07/01/2008	S	100 <u>(1)</u>	D	\$ 30.8	310,100	D			
Common Stock	07/01/2008	S	100 <u>(1)</u>	D	\$ 30.98	310,000	D			
Common Stock	07/01/2008	S	200 <u>(1)</u>	D	\$ 30.64	309,800	D			
Common Stock	07/01/2008	S	200 <u>(1)</u>	D	\$ 30.76	309,600	D			
Common Stock	07/01/2008	S	100 <u>(1)</u>	D	\$ 30.77	309,500	D			

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Common Stock	07/01/2008	S	100 <u>(1)</u> D	\$ 30.82	309,400	D
Common Stock	07/01/2008	S	100 <u>(1)</u> D	\$ 30.85	309,300	D
Common Stock	07/01/2008	S	100 <u>(1)</u> D	\$ 30.65	309,200	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	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exerc	cisable and	7. Title	e and	8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transactio	Number	Expiration D	ate	Amour	nt of	Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Underl	lying	Security	Secu
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Securit	ties	(Instr. 5)	Bene
	Derivative				Securities			(Instr.	3 and 4)		Owne
	Security				Acquired						Follo
	,				(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
					(Instr. 3,						
					4, and 5)						
					., and <i>b</i>)						
									Amount		
						Date	Expiration		or		
						Exercisable	Date	Title	Number		
						Exercisable	Date		of		
				Code V	(A) (D)				Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships								
	Director	10% Owner	Officer	Other					
Byers Carl B. C/O ATHENAHEALTH, INC. 311 ARSENAL STREET WATERTOWN, MA 02472			Senior VP, CFO and Treasurer						
Signatures									
/s/ Daniel H. Orenstein Attorney-in-Fact	07	/03/2008							
**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 January 8, 2008 in accordance with SEC Rule 10b5-1.

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.