Edgar Filing: ATHENAHEALTH INC - Form 4

ATHENAH	EALTH INC										
Form 4											
November 0	4, 2013										
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION								OMB APPROVAL			
	• • UNITED	STATES					NGE CO	OMMISSION	OMB	3235-0287	
Check th	nis box		vv a	shington	, D.C. 20	1549			Number:	January 31,	
	if no longer						FRSHIPOF	Expires:	2005		
subject to Section 16. STATEMENT OF CHANGES IN BENEFICIAL OWNERSI SECURITIES						Estimated average					
	Section 16. SECURITIES						burden hour response	s per 0.5			
Form 5		suant to S	ection 1	6(a) of th	e Securi	ties F	Exchange	Act of 1934,	16500156	0.5	
obligatio	ons Section 17(-	1935 or Section	1		
may con <i>See</i> Instr	tinue.			vestment	•	· ·	•				
1(b).	uetion				-	-					
(Print or Type)	Responses)										
1 Name and	Address of Departing	Darson *	. .		1			5 Delationship of	Danarting Dars	on(s) to	
1. Name and Address of Reporting Person _2. IssueOrenstein Daniel H.Symbol				r Name an o	a licker of	Tradi		5. Relationship of Reporting Person(s) to Issuer			
01010001112			-	VAHEAL	TH INC	ΓΔΤ	HNI				
						[11]		(Check	all applicable)	
(Last)	(First) (I	· ·		f Earliest T Day/Year)	ransaction			Director	10%	Owner	
311 ARSEN	NAL STREET		11/01/2	•				Officer (give title Other (specify			
			11/01/2	015				below)	below)	MT 7	
	(6)								C, and Secretar	-	
			endment, Date Original				6. Individual or Joint/Group Filing(Check				
			Filed(Mo	nth/Day/Yea	r)			Applicable Line) _X_ Form filed by O	ne Reporting Per	rson	
WATERTO	OWN, MA 02472							Form filed by M			
								Person			
(City)	(State)	(Zip)	Tab	le I - Non-l	Derivative	Secu	rities Acqu	ired, Disposed of,	or Beneficial	y Owned	
1.Title of	2. Transaction Date			3.	4. Securi			5. Amount of	6.	7. Nature of	
Security	(Month/Day/Year)		Date, if	Transaction(A) or Disposed of (D)				Securities	Ownership	•	
(Instr. 3) any			Code (Instr. 3, 4 and 5) nth/Day/Year) (Instr. 8)					Beneficially Owned	Form: Direct Beneficial (D) or Ownershi	Ownership	
		(month/Dt	iy/ i cui)	(111501.0)				Following	Indirect (I)	(Instr. 4)	
						(A)		Reported	(Instr. 4)		
						or		Transaction(s) (Instr. 3 and 4)			
G				Code V	Amount	(D)	Price	(msu. 5 and 4)			
Common	11/01/2013			М	1,000	А	\$ 30.64	32,262	D		
Stock											
Common Stock	11/01/2013			S	1,000 (1)	D	\$ 133.15	31,262	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.

Edgar Filing: ATHENAHEALTH INC - Form 4

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

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transactic Code (Instr. 8)	TransactionDerivativeCodeSecurities		ative Expiration Date s (Month/Day/Year) 1		7. Title and Amount of Underlying Securities (Instr. 3 and 4)		8. D S (I
				Code V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Stock Option (Right to Buy)	\$ 30.64	11/01/2013		М	1	1,000	07/01/2009	07/01/2018	Common Stock	1,000	

Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
Orenstein Daniel H. 311 ARSENAL STREET WATERTOWN, MA 02472			SVP, GC, and Secretary				

Signatures

/s/ Daniel H.	11/04/2013			
Orenstein				

**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 sale reported on this Form 4 was made pursuant to a written trading plan adopted by the Reporting Person on February 28, 2013, in (1) accordance with 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.