ABIOMED INC Form 4 May 28, 2014

FORM 4

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

OMB APPROVAL

OMB 3235-0287 Number:

January 31, Expires: 2005

Estimated average burden hours per response... 0.5

if no longer subject to Section 16. Form 4 or Form 5

Check this box

obligations may continue. See Instruction

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

SECURITIES

(Print or Type Responses)

1(b).

1. Name and Address of Reporting Person * **BOLT WILLIAM J**

2. Issuer Name and Ticker or Trading Symbol

5. Relationship of Reporting Person(s) to Issuer

ABIOMED INC [ABMD]

(First) (Last)

3. Date of Earliest Transaction (Month/Day/Year)

Director 10% Owner X_ Officer (give title _ Other (specify

(Check all applicable)

C/O ABIOMED, INC., 22 CHERRY

(Middle)

(Street)

HILL DRIVE

05/23/2014

below) SVP, QA and Regulatory Affairs

4. If Amendment, Date Original Filed(Month/Day/Year)

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

X Form filed by One Reporting Person Form filed by More than One Reporting

Person

DANVERS, MA 01923

(City)	(State)	(Zip) Tab	le I - Non-	Derivative	Secu	rities Acqui	red, Disposed of,	or Beneficial	y Owned
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transactic Code (Instr. 8)	4. Securionor Dispos (Instr. 3,	sed of	` '	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
Common Stock, \$.01 par	05/23/2014		S	3,436 (4)	D	\$ 20.9632 (5)	90,769	D	
Common Stock, \$.01 par	05/27/2014		S	4,593 (4)	D	\$ 21.2065 (7)	86,176	D	

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

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.

Edgar Filing: ABIOMED INC - Form 4

$\label{thm:convergence} \begin{tabular}{ll} Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned \\ (\emph{e.g.}, puts, calls, warrants, options, convertible securities) \\ \end{tabular}$

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3. Transaction Date (Month/Day/Year) 3A. Deemed Execution Date, if any (Month/Day/Year)		5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisab Expiration Date (Month/Day/Year		7. Title and Amount of Underlying Securities (Instr. 3 and 4)	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Stock Option (right to buy) (1)	\$ 9.36					06/08/2006	06/08/2015	Common Stock	30,000
Stock Option (right to buy) (1)	\$ 13.57					06/01/2007	06/01/2016	Common Stock	20,000
Stock Option (right to buy) (1)	\$ 11.27					05/30/2008	05/30/2017	Common Stock	8,000
Stock Option (right to buy) (3)	\$ 5.86					05/28/2010(2)	05/28/2019	Common Stock	18,000
Stock option (right to buy) (3)	\$ 13.8					05/23/2009(2)	05/23/2018	Common Stock	9,666
Stock Option (right to buy) (3)	\$ 10.03					06/03/2011(2)	06/03/2020	Common Stock	30,000
Stock Option (right to buy) (3)	\$ 22.44					05/22/2013(2)	05/22/2022	Common Stock	20,000
Stock Option (Right to	\$ 23.15					05/14/2014(2)	05/14/2023	Common stock	20,000

8. De Se (Ir Buy) (3)

Stock

Buy) (3)

Option (Right to \$21.55

 $05/14/2015\underline{^{(6)}} \ \ 05/14/2024$

Common Stock

k 15,000

Reporting Owners

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

BOLT WILLIAM J C/O ABIOMED, INC. 22 CHERRY HILL DRIVE DANVERS, MA 01923

SVP, QA and Regulatory Affairs

Signatures

/s/ Stephen C. McEvoy (by power of attorney)

05/28/2014

**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) Grant to reporting person of this option to buy the number of Common Stock set forth in Table II, Column 7, under the ABIOMED, Inc. 2000 Stock Incentive Plan.
- (2) These options become exercisable in annual 25% increments, commencing on the date shown in Table II, Column 6.
- (3) Grant to reporting person of this option to buy the number of Common Stock set forth in Table II, Column 7, under the ABIOMED, Inc. 2008 Stock Incentive Plan.
- (4) Sale of common stock pursuant to reporting owner's 10b5-1 plan sold to pay tax obligations upon vesting.
- This price represents the weighted average sale price of multiple transactions on the reported date at prices that ranged between \$20.8600
- (5) and \$21.4450. Detailed information regarding the number of shares sold at each separate price will be provided upon request by the Commission staff, the Issuer, or a security holder of the Issuer.
- (6) These options become exercisable in annual 33-1/3% increments, commencing on the date shown in Table II, Column 6.
- This price represents the weighted average sale price of multiple transactions on the reported date at prices that ranged between \$21.0000 (7) and \$21.5700. Detailed information regarding the number of shares sold at each separate price will be provided upon request by the
- (7) and \$21.5700. Detailed information regarding the number of shares sold at each separate price will be provided upon request by the Commission staff, the Issuer, or a security holder of the Issuer.

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.

Reporting Owners 3