Stickel Gary Form 4 June 10, 2005

FORM 4

OMB APPROVAL

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

OMB 3235-0287 Number:

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if no longer subject to Section 16. Form 4 or

Check this box

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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES**

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,

obligations Section 17(a) of the Public Utility Holding Company Act of 1935 or Section may continue. 30(h) of the Investment Company Act of 1940 See Instruction

1(b).

Form 5

(Print or Type Responses)

1. Name and Address of Reporting Person *

2. Issuer Name and Ticker or Trading

5. Relationship of Reporting Person(s) to Issuer

Stickel Gary

Symbol ABIOMED INC [ABMD]

(Check all applicable)

(Last)

(Middle) (First)

3. Date of Earliest Transaction

Director 10% Owner

C/O ABIOMED, INC., 22 CHERRY

06/08/2005

X_ Officer (give title Other (specify below)

HILL DRIVE

(Month/Day/Year)

below) VP of HR

(Street)

4. If Amendment, Date Original

Applicable Line)

Filed(Month/Day/Year)

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

6. Individual or Joint/Group Filing(Check

Person

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

DANVERS, MA 01923

(City) (State) (Zip) 1.Title of 2. Transaction Date 2A. Deemed Security

3. 4. Securities (Month/Day/Year) Execution Date, if TransactionAcquired (A) or

Disposed of (D)

(Instr. 3, 4 and 5)

5. Amount of Securities Beneficially Owned

6. Ownership 7. Nature of Form: Direct Indirect (D) or Beneficial Indirect (I) Ownership (Instr. 4) (Instr. 4)

(A)

(Instr. 8)

Code

Following Reported Transaction(s)

or (Instr. 3 and 4) Code V Amount (D) Price

Common Stock, \$.01

(Instr. 3)

151 D

par value

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

(Month/Day/Year)

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)

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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)	5. Number of orDerivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount o Underlying Securities (Instr. 3 and 4)	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Share
Stock Option (right to buy) (1)	\$ 8.25					03/29/2006(2)	03/29/2014	Common Stock	25,000
Stock Option (right to buy) (1)	\$ 12.6					06/15/2005(3)	06/15/2014	Common Stock	10,000
Stock Option (right to buy) (1)	\$ 10.8					03/01/2006(3)	03/01/2015	Common Stock	12,500
Stock Option (right to buy) (1)	\$ 9.36	06/08/2005		A	10,000	06/08/2006(3)	06/08/2015	Common Stock	10,000

Reporting Owners

Reporting Owner Name / Address	Relationships						
reporting o where there is a real constant of	Director	10% Owner	Officer	Other			
Stickel Gary							
C/O ABIOMED, INC.			VD of HD				
22 CHERRY HILL DRIVE			VP of HR				
DANVERS, MA 01923							

Signatures

/s/ Charles B. Haaser 06/10/2005 (attorney-in-fact) **Signature of Reporting Person

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).

Date

Grant to reporting person of option to buy the number of shares of Common Stock set forth in Table II, Column 7, under the ABIOMED, Inc. 2000 Stock Incentive Plan.

2 Reporting Owners

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- (2) Thirty percent of this option will become exercisable on each of 03/29/06 and 03/29/07, and an additional 40% well become exercisable on 03/29/08.
- (3) These options become exercisable in annual 25% increments, commencing on the date shown in Table II, Column 6.

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.