ABIOMED INC Form 4 August 12, 2005

FORM 4

OMB APPROVAL

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

OMB Number: 3235-0287

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

obligations

may continue.

See Instruction

NGES IN BENEFICIAL OWNERSHIP OF

Expires: January 31, 2005

Estimated average burden hours per response... 0.5

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

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

1(b).

Common Stock, \$.01

par value

(Print or Type Responses)

1. Name and Address of Reporting Person * PUHY DOROTHY E			Symbol	Name and TED INC [Ticker or Trading ABMD]	5. Relationship of Reporting Person(s) to Issuer			
(Last) C/O ABIOME HILL DRIVE	, ,	Middle) HERRY	3. Date of (Month/Da 08/10/20	•	nsaction	_X_ Director	ve title Oth below)	6 Owner	
(Street)			4. If Amen	dment, Dat	e Original	6. Individual or Joint/Group Filing(Check			
DANVERS, M	IA 01923		Filed(Mont	h/Day/Year)		Applicable Line) _X_ Form filed by Form filed by Person	One Reporting Po		
(City)	(State)	(Zip)	Table	I - Non-De	erivative Securities A	cquired, Disposed	of, or Beneficia	lly Owned	
	2. Transaction Dat Month/Day/Year)	Executio any	med n Date, if Day/Year)	3. Transaction Code (Instr. 8)	4. Securities on Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	

Code V Amount (D) Price

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

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SEC 1474

(9-02)

D

(Instr. 3 and 4)

2,943

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

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1. Title o Derivativ Security (Instr. 3)	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transacti Code (Instr. 8)	5. Numl on f Deriv Securitic Acquire (A) or Dispose (D) (Instr. 3 and 5)	vative es ed	6. Date Exercisable and 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)						06/26/2004(2)	06/26/2013	Common Stock	25,000
Stock Option (right to buy) (1)						08/13/2004(3)	08/13/2013	Common Stock	5,000
Stock Option (right to buy) (4)						08/11/2005(3)	08/11/2014	Common Stock	8,000
Stock Option (right to buy) (4)	08/10/2005		A	8,000		08/09/2006(3)	08/10/2015	Common Stock	8,000

Reporting Owners

Reporting Owner Name / Address	Relationships				
	Director	10% Owner	Officer	Other	
PUHY DOROTHY E C/O ABIOMED, INC. 22 CHERRY HILL DRIVE DANVERS, MA 01923	X				

Signatures

/s/ Charles B. Haaser (attorney-in-fact) 08/12/2005

**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)

Reporting Owners 2

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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. 1989 Non-Qualified Stock Option Plan for Non-Employee Directors.

- (2) This option becomes exercisable in annual 20% increments commencing on the date set forth in Table II, Column 6.
- (3) This option becomes exercisable in full on the date set forth in Table II, Column 6.
- (4) 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.

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.