Edgar Filing: ABIOMED INC - Form 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. STATEMEN STATEMEN	Was	Shington, GES IN SECUR 6(a) of th Sility Hold	, D.C. 20 BENEFI RITIES e Securit ding Com	549 CCIA ies E	L OWN xchange Act of	1935 or Section	OMB Number: Expires: Estimated a burden hour response	•	
(Print or Type Responses)									
1. Name and Address of Reporting Perso BOLT WILLIAM J	er Name and Ticker or Trading MED INC [ABMD]				5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
(Last) (First) (Middl		3. Date of Earliest Transaction							
C/O ABIOMED, INC., 22 CHEF HILL DRIVE	(Month/D RRY 03/23/20	-				Director X_ Officer (give below) SVP, QA an		Owner r (specify Affairs	
(Street) DANVERS, MA 01923		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 			
(City) (State) (Zip)	T-11	. T. N T				Person	D		
	1 2010				_	iired, Disposed of,		-	
	ecution Date, if	3. Transactic Code (Instr. 8) Code V	4. Securit or(A) or Dis (Instr. 3, 4) Amount	sposed	l of (D)	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 03/23/2015 par		А	18,000	А	\$ 0 <u>(4)</u>	99,228	D		
Common Stock, \$.01 03/23/2015 par		F	4,352	D	\$ 61.43	94,876	D		

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

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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. Transactio Code (Instr. 8)	5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)			7. Title and A Underlying S (Instr. 3 and	Securities	8. l De Seo (In
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Stock option (right to buy) (2)	\$ 13.8					05/23/2009(1)	05/23/2018	Common Stock	0	
Stock Option (right to buy) (2)	\$ 10.03					06/03/2011 <u>(1)</u>	06/03/2020	Common Stock	0	
Stock Option (right to buy) (2)	\$ 22.44					05/22/2013 <u>(1)</u>	05/22/2022	Common Stock	0	
Stock Option (Right to Buy) (2)	\$ 23.15					05/14/2014(1)	05/14/2023	Common stock	0	
Stock Option (Right to Buy) (2)	\$ 21.55					05/14/2015 <u>(3)</u>	05/14/2024	Common Stock	0	

Reporting Owners

Reporting Owner Name / Address				
	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)

03/25/2015

**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) These options become exercisable in annual 25% increments, commencing on the date shown in Table II, Column 6.
- (2) 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.
- (3) These options become exercisable in annual 33-1/3% increments, commencing on the date shown in Table II, Column 6.

These performance-based awards of restricted stock units were granted to this reporting person on May 14, 2014. One half of these
 (4) restricted stock units vested on March 23, 2015 (into an equal number of shares of common stock) upon the issuer's achievement of a certain regulatory milestone with the remaining vesting on the first anniversary of such achievement.

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.