Edgar Filing: Porter Jonathan D. - Form 4

Porter Jonath	nan D.											
Form 4												
July 19, 201	7											
FORM	14		CECU				NGEG			PROVAL		
. •	• • UNITED	STATES					NGE C	OMMISSION	OMB	3235-0287		
Check th	is hox		Wa	shington,	D.C. 20	1549			Number:			
if no long	aer.					- ~			Expires:	January 31, 2005		
subject to		STATEMENT OF CHANGES IN BENEFICIAL OW					LOWN	ERSHIP OF	erage			
Section 1				SECUR	RITIES				burden hours per			
Form 4 c									response 0.			
Form 5 obligatio	n o -						-	e Act of 1934,				
may con				•	•	· ·	•	1935 or Section	l			
See Instr		30(h)	of the In	vestment	Compar	ıy Ac	t of 194	0				
1(b).												
(Print or Type l	Responses)											
	Address of Reporting	Person _		er Name and Ticker or Trading				5. Relationship of Reporting Person(s) to				
Porter Jonathan D. Symbol				ı				Issuer				
ATHE			ATHEN	VAHEAL	TH INC	[AT]	HN]	(Check all applicable)				
(Last)	(First) (N	Middle)	3. Date of	f Earliest Ti	ransaction			(Cheer)		
			(Month/E	Day/Year)				Director	10%	Owner		
				7/17/2017				_X_ Officer (give				
ARSENAL	STREET							below)	below) etwork Service	20		
								, ,				
	(Street)			endment, Da	-	ıl		6. Individual or Joi	nt/Group Filin	g(Check		
Filed(Mor				nth/Day/Yea	;)			Applicable Line) _X_ Form filed by One Reporting Person				
WATEDTO	NUNI NAA 00470							Form filed by O				
WATERIC	WN, MA 02472							Person				
(City)	(State)	(Zip)	Tab	le I - Non-I	Derivative	Secur	ities Acqu	uired, Disposed of,	or Beneficiall	y Owned		
1.Title of	2. Transaction Date	2A. Deem	ed	3.	4. Securi	ties Ac	cquired	5. Amount of	6.	7. Nature of		
Security	(Month/Day/Year)	Execution	Date, if	Transactio				Securities	Ownership	Indirect		
(Instr. 3)		any		Code	(Instr. 3,	4 and	5)	Beneficially	Form: Direct			
		(Month/D	ay/Year)	(Instr. 8)				Owned Following	(D) or Indirect (I)	Ownership		
								Reported	Indirect (I) (Instr. 4)	(Instr. 4)		
						(A)		Transaction(s)	(Instr. 1)			
				Code V	A	or	Deine	(Instr. 3 and 4)				
Common				Code V	Amount	(D)	Price \$					
Stock	07/17/2017			S <u>(1)</u>	300	D	» 143.13	18,703 <u>(2)</u>	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.

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

1. Title o Derivati Security (Instr. 3)	ve Conversion or Exercise	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transactic Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		Date	Amou Unde Secur	le and unt of rlying ities . 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owno Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

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Reporting Owners

Reporting Owner Name / Address	Relationships							
	Director	10% Owner	Officer	Other				
Porter Jonathan D. C/O ATHENAHEALTH, INC. 311 ARSENAL STREET WATERTOWN, MA 02472			SVP, Network Services					
Signatures								
Les Mada 11.								

Lan Marinelli, as	07/19/2017
Attorney-in-Fact	07/19/2017

**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 sales reported on this Form 4 were made pursuant to a written trading plan adopted by the reporting person on February 16, 2017, in (1)accordance with Rule 10b5-1.
- Includes 16,082 units of common stock that were granted pursuant to a restricted stock unit ("RSU") award under the athenahealth, Inc.
- (2) 2007 Stock Option and Incentive Plan, as amended and restated. The RSUs are subject to time-based vesting and will be settled only in stock.

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.