## Edgar Filing: Porter Jonathan D. - Form 4

Porter Jonath	an D.										
Form 4											
July 21, 2017	,										
FORM	4									PPROVAL	
	UNITE	D STATES		ITIES Al hington, l			NGE (	COMMISSION	OMB Number:	3235-0287	
Check this box if no longer										January 31, 2005	
subject to	STATE	EMENT O	F CHAN			CIA	LOW	NERSHIP OF	Expires: 200 Estimated average		
Section 10	5.	SECURITIES							burden hours per		
Form 4 or Form 5			a		a				response	0.5	
obligation	· ·						-	ge Act of 1934,			
may conti See Instru	nue. Section 1		of the Inv	•	•	- ·		f 1935 or Sectio 40	'n		
1(b).											
(Print or Type R	esponses)										
(	F)										
1. Name and A	ddress of Reportin	ng Person <u>*</u>	2. Issuer	Name and	Ticker or '	Fradin	g	5. Relationship of	f Reporting Per	son(s) to	
Porter Jonathan D. Symbol				0				Issuer			
ATH			ATHEN	THENAHEALTH INC [ATHN]				(Check all applicable)			
(Last)	(First)	(Middle)	3. Date of	Earliest Tra	insaction			(Cheo	ck all applicable	e)	
			(Month/Da	ay/Year)				Director	10%	6 Owner	
· · · · · · · · · · · · · · · · · · ·				/21/2017				X Officer (give below)	title Other (specify below)		
ARSENAL S	STREET							· · · · · · · · · · · · · · · · · · ·	Network Servic	es	
	(Street)		4 If Amer	ndment Dat	e Original			6 Individual or I	oint/Groun Fili	ng(Check	
			Amendment, Date Original l(Month/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line)				
			× ×					_X_ Form filed by			
WATERTO	WN, MA 0247	72						Form filed by M Person	More than One Ro	eporting	
(City)	(State)	(Zip)	Table	e I - Non-Do	erivative S	Securi	ties Ac	quired, Disposed o	f, or Beneficia	lly Owned	
1.Title of	2. Transaction I	Date 2A. Dee	emed	3.	4. Securi	ties		5. Amount of	6. Ownership	7. Nature of	
Security	(Month/Day/Ye		on Date, if	Transactio				Securities	Form: Direct	Indirect	
(Instr. 3)		any (Month)	CodeDisposed of (D)'Day/Year)(Instr. 8)(Instr. 3, 4 and 5)				Beneficially Owned	(D) or Indirect (I)	Beneficial Ownership		
		(Wolding	Duy/ I cui)	(1150.0)	(1150.5,	i unu	5)	Following	(Instr. 4)	(Instr. 4)	
						(A)		Reported			
						or		Transaction(s) (Instr. 3 and 4)			
_				Code V	Amount	(D)	Price	(msu. 5 and 4)			
Common Stock	07/21/2017			S <u>(1)</u>	422	D	\$ 154	18,281 (2)	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**

Relationships							
Director	10% Owner	Officer	Other				
		SVP, Network Services					
	Director		Director 10% Owner Officer SVP, Network				

Lan Marinelli, as	07/21/2017
Attorney-in-Fact	07/21/2017

\*\*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.