Edgar Filing: Porter Jonathan D. - Form 4

Porter Jonat	han D.										
Form 4											
September 2	27, 2018										
FORM						OMB AF	PROVAL				
	UNITED	UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549								3235-0287	
Check th									Expires:	January 31,	
subject to STATEMENT OF CHAN				GES IN BENEFICIAL OWNERSHIP O					Estimated average		
Section				SECURITIES					burden hours per		
	Form 4 or							response 0.8			
Form 5 obligation	-						•	e Act of 1934,			
may con				•	•			1935 or Section	1		
<i>See</i> Instr 1(b).	ruction	30(h) o	of the In	vestment	Compai	1у Ас	t of 194	0			
(Print or Type	Responses)										
	Address of Reporting I	_		r Name and	Ticker of	Tradi	ng	5. Relationship of I Issuer	Reporting Pers	on(s) to	
Porter Jonathan D. Symbol											
ATHE			NAHEALTH INC [ATHN]				(Check	(Check all applicable)			
(Last)	(First) (N			f Earliest Tr	ansaction						
	NAHEALTH, IN			Day/Year)				Director X Officer (give		Owner er (specify	
ARSENAL		C., 511 (09/26/2	018				below)	below)		
I HOLI III	JIRLET							SVP, Chi	ef Product Off	icer	
			4. If Ame	If Amendment, Date Original			6. Individual or Joint/Group Filing(Check				
			nth/Day/Year)			Applicable Line) _X_ Form filed by One Reporting Person				
WATERTO	OWN, MA 02472							Form filed by M Person			
(City)	(State)	(Zip)	Tabl	e I - Non-D	erivative	Secur	ities Acq	uired, Disposed of,	or Beneficiall	ly Owned	
1.Title of	2. Transaction Date			3.	4. Securi		-	5. Amount of	6.	7. Nature of	
Security (Instr. 3)	(Month/Day/Year)	Execution 1 any	Date, if	Transactio Code		-		Securities Beneficially	Ownership Form: Direct	Indirect Beneficial	
(1130.5)		(Month/Da	y/Year)	Code (Instr. 3, 4 and 5) (Instr. 8)			5)	Owned	(D) or	Ownership	
								Following	Indirect (I)	(Instr. 4)	
						(A)		Reported Transaction(s)	(Instr. 4)		
						or	D .	(Instr. 3 and 4)			
Common				Code V	Amount	(D)	Price \$				
Stock	09/26/2018			S <u>(1)</u>	150	D	ф 131.51	16,257 <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 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)		ate	7. Titl Amou Under Securi (Instr.	nt of lying	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, Chief Product Officer					
Signatures								
Dan Haley, as Attorney-in-Fact	09/2	7/2018						

Date

<u>**</u>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).
- (1) The sales reported on this Form 4 were made pursuant to a written trading plan adopted by the Reporting Person and effective as of October 30, 2017, in accordance with Rule 10b5-1.
- Includes 14,457 units of common stock that were granted pursuant to restricted stock unit ("RSU") awards 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.