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Form 4												
August 14, 2 FORM		STATES						IGE (COMMISSION		PROVAL 3235-0287	
Check thi if no long subject to Section 14 Form 4 or Form 5 obligation may conti <i>See</i> Instru 1(b).	6. Filed pur Section 17(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 20(b) of the Investment Company Act of 1940								Expires: Estimated a burden hou response	•	
(Print or Type R	Responses)											
			2. Issuer Name and Ticker or Trading Symbol ABIOMED INC [ABMD]					7	5. Relationship of Reporting Person(s) to Issuer			
(Last) C/O ABIOM HILL DRIV	1ED, INC., 22 C	Middle) HERRY	3. Date of (Month/Da 08/12/20	ay/Year)	Trai	nsaction			Director X Officer (give below)		Owner er (specify	
				4. If Amendment, Date Original Filed(Month/Day/Year)					6. Individual or Joint/Group Filing(CheckApplicable Line)_X_ Form filed by One Reporting Person			
DANVERS,	MA 01923								Form filed by M Person	Iore than One Re	porting	
(City)	(State)	(Zip)	Table	e I - Non	-De	rivative S	ecurit	ies Acq	uired, Disposed of	f, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction Dat (Month/Day/Year)) Executio any		3. Transac Code (Instr. 8 Code	ction 3)	4. Securiti n(A) or Dis (D) (Instr. 3, 4) Amount	posed	of	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		
Common Stock. \$.01 par value	08/12/2009			А		25,000	A	\$0	27,500	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)

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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. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		Date U		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)	\$ 5.23					03/05/2009 <u>(2)</u>	03/05/2019	Common Stock	80,000	
Stock Option (right to buy) (1)	\$ 5.86					05/28/2010 <u>(2)</u>	05/28/2019	Common Stock	25,000	
Stock Option (right to buy) (1)	\$ 5.86					03/31/2010 <u>(3)</u>	05/28/2019	Common Stock	15,000	

Reporting Owners

Reporting Owner Name / Address	Relationships							
	Director	10% Owner	Officer	Other				
Howley Michael G C/O ABIOMED, INC. 22 CHERRY HILL DRIVE DANVERS, MA 01923			VP, Global Sales & Marketing					
Signatures								
/s/ Ian W. McLeod (by power of attorney)	of	08/1	4/2009					

**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) Grant to reporting person of option to buy the number of shares of common stock set forth on Table II, Column 7, under the Abiomed, Inc. 2008 Stock Incentive Plan.
- (2) These options become exerciseable in annual 25% increments, commencing on the date shown forth in Table II, Column 6.

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- (3) These options become exerciseable upon the achievement of a certain performance milestone.
- (4) Shares of restricted stock awarded to reporting person under the ABIOMED, Inc. 2008 Stock Incentive Plan. These shares vest based upon the acheivement of a certain performance milestone.

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.