Edgar Filing: ABIOMED INC - Form 4

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Form 4											
August 11, 20	Л	UNITED STATES SECURITIES AND EXCHANGE COMMISSION							OMB APPROVAL OMB 3235-0287		
Check this if no longe subject to Section 16 Form 4 or Form 5 obligation may contin <i>See</i> Instruct 1(b).	Filed provide solution of the	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									
(Print or Type R	esponses)										
1. Name and Address of Reporting Person [*] OBRIEN JOHN F (Last) (First) (Middle) C/O ABIOMED, INC., 22 CHERRY HILL DRIVE			 Issuer Name and Ticker or Trading Symbol ABIOMED INC [ABMD] Date of Earliest Transaction (Month/Day/Year) 08/10/2005 				5. Relationship of Reporting Person(s) to Issuer (Check all applicable) XDirector Officer (give title10% Owner Other (specify below)				
											DANVERS.
(City)	(State)	(Zip)	Table	I Non D	orivotivo S	ocuritics Ac	Person	or Bonoficia	lly Ownod		
1.Title of Security (Instr. 3)	2. Transaction D (Month/Day/Yea	Date 2A. Dee ar) Execution any		3.	4. Securit onAcquired Disposed (Instr. 3, 4	ies (A) or of (D)	quired, Disposed 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)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
Common Stock, \$.01 par value							139,902	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)

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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. Transact Code (Instr. 8)	Secur Acqui (A) or	rivative ities ired sed of . 3, 4,	6. Date Exercisable and Expiration Date (Month/Day/Year)		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)	\$ 7						06/30/1998 <u>(2)</u>	07/01/2007	Common Stock	25,000
Stock Option (right to buy) (1)	\$ 4.71						08/06/2003 <u>(3)</u>	05/21/2013	Common Stock	5,000
Stock Option (right to buy) (1)	\$ 19.69						08/09/2001 <u>(3)</u>	08/09/2010	Common Stock	5,000
Stock Option (right to buy) (1)	\$ 18.4						08/08/2002 <u>(3)</u>	08/08/2011	Common Stock	5,000
Stock Option (right to buy) <u>(1)</u>	\$ 5.15						08/13/2004 <u>(3)</u>	08/13/2013	Common Stock	5,000
Stock Option (right to buy) (4)	\$ 10.41						08/11/2005 <u>(3)</u>	08/11/2014	Common Stock	8,000
Stock Option (right to buy) (4)	\$ 10.06	08/10/2005		А	8,00	0	08/09/2006 <u>(3)</u>	08/10/2015	Common Stock	8,000

Reporting Owners

Reporting Owner Name / Address

Relationships

Director 10% Owner Officer Other

OBRIEN JOHN F C/O ABIOMED, INC. 22 CHERRY HILL DRIVE DANVERS, MA 01923

Signatures

/s/ Charles B. Haaser (attorney-in-fact)

08/11/2005

**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 in Table II, Column 7, under ABIOMED, Inc. 1989 Non-Qualified Option Plan for Non-Employee Directors.
- (2) This option becomes exercisable in annual 20% increments commencing on the date set forth in Table II, Column 6.
- (3) This option becomes exercisable in full on the date set forth in Table II, Column 6.
- (4) Grant to reporting person of option to buy the number of shares of Common Stock set forth in Table II, Column 7, under ABIOMED, Inc. 2000 Stock Incentive Plan.

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.