## Edgar Filing: ABIOMED INC - Form 4

ABIOMED	INC										
Form 4											
October 17, 2	2006										
FORM	14					~~~ .			OMB AF	PROVAL	
	UNITED S	TATES SH	ECURITIE Washingt				NGE C	OMMISSION	OMB Number:	3235-0287	
Check th if no long							Expires:	January 31, 2005			
subject to		ENT OF C		NGES IN BENEFICIAL OWN				ERSHIP OF	Estimated a		
Section 1		SECURITIES							burden hours per		
Form 4 o Form 5		uant to Sect	tion $16(a)$ o	f th	e Securit	ies F	vchange	Act of 1934,	response	0.5	
obligation	ns Section 17(a)						-	1935 or Section	1		
may cont See Instru	inue.		the Investm		•	· ·	•				
1(b).											
(Print or Type I	Responses)										
Sutherby Daniel J Sym			2. Issuer Name and Ticker or Trading					5. Relationship of Reporting Person(s) to Issuer			
			Symbol ABIOMED INC [ABMD]					(Check all applicable)			
C/O ABION	AED, INC., 22 CH		Ionth/Day/Yea 9/30/2006	ar)				Director X Officer (give		Owner r (specify	
HILL DRIV		<u> </u>	15012000					below)	below) FO, CAO		
	(Sture et)		TC A 1						ŕ	(7)	
	(Street)		If Amendmen led(Month/Day/		-	1		<ol> <li>6. Individual or Joi Applicable Line)</li> </ol>	int/Group Filin	g(Check	
		111	ieu(inonini/Duy/	1 cur	)			_X_ Form filed by O			
DANVERS	, MA 01923							Form filed by M Person	ore than One Rej	porting	
(City)	(State) (Z	Zip)	Table I - N	on-D	erivative	Secur	ities Acqu	iired, Disposed of,	or Beneficiall	y Owned	
1.Title of Security (Instr. 3)	· · ·	2A. Deemed Execution Da any (Month/Day/ <sup>*</sup>	n Date, if Transaction(A) or Disposed of (D) Code (Instr. 3, 4 and 5)				d of (D)	5. Amount of Securities Beneficially Owned	Ownership In Form: Direct Be	7. Nature of Indirect Beneficial Ownership	
								Following Reported	Indirect (I) (Instr. 4)	(Instr. 4)	
						(A)		Transaction(s)	(IIIsur. 4)		
			Code	v	Amount	or (D)	Price	(Instr. 3 and 4)			
Common			coae			(_)					
Stock, \$.01	09/30/2006		А	V	547 <u>(3)</u>	А	\$ 10.965	547	D		

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

par value

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. Transactic Code (Instr. 8)	5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)			7. Title and Amount of Underlying Securities (Instr. 3 and 4)		8. De Se (Ir
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Stock Option (right to buy) <u>(1)</u>	\$ 9.35					01/03/2007(2)	01/03/2016	Common Stock	80,000	
Stock Option (right to buy) <u>(1)</u>	\$ 13.57					06/01/2007 <u>(2)</u>	06/01/2016	Common Stock	20,000	

## **Reporting Owners**

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
Sutherby Daniel J C/O ABIOMED, INC. 22 CHERRY HILL DRIVE DANVERS, MA 01923			CFO, CAO				
Signatures							

/s/ Carrie-Ann Powierza (by power of attorney)

\*\*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).

10/17/2006

Date

- (1) Grant to reporting person of option to buy Common Stock under the ABIOMED, Inc. 2000 Stock Incentive Plan.
- (2) This option becomes exercisable in annual 25% increments, commencing on the date shown in Table II, Column 6.
- Shares of common stock were acquired by the reporting person through participation in the ABIOMED, Inc. Employee Stock Purchase (3) Plan, qualified under Section 423 of the Internal Revenue Code.

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.