

ABIOMED INC  
Form 4  
January 14, 2014

**FORM 4**

**UNITED STATES SECURITIES AND EXCHANGE COMMISSION  
Washington, D.C. 20549**

OMB APPROVAL

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Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

**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 30(h) of the Investment Company Act of 1940

(Print or Type Responses)

1. Name and Address of Reporting Person \*  
Bowen Robert

(Last) (First) (Middle)

C/O ABIOMED, INC, 22 CHERRY HILL DR

(Street)

DANVERS, MA 01923

(City) (State) (Zip)

2. Issuer Name and Ticker or Trading Symbol  
ABIOMED INC [ABMD]

3. Date of Earliest Transaction (Month/Day/Year)  
01/10/2014

4. If Amendment, Date Original Filed(Month/Day/Year)

5. Relationship of Reporting Person(s) to Issuer

(Check all applicable)

\_\_\_ Director \_\_\_ 10% Owner  
\_X\_ Officer (give title below) \_\_\_ Other (specify below)

Chief Financial Officer

6. Individual or Joint/Group Filing(Check Applicable Line)  
\_X\_ Form filed by One Reporting Person  
\_\_\_ Form filed by More than One Reporting Person

**Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned**

| 1. Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | 3. Transaction Code (Instr. 8) | 4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | 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) |   |
|---------------------------------|--------------------------------------|--|--------------------------------|---|---|--|---|---|
|                                 |                                      |  |                                | (A) or (D)  | Price   |  |   |   |
|                                 |                                      |  |                                | Code  | V   | Amount   |   |   |
| Common Stock, \$.01 par value   | 01/10/2014                           |  | M                              | 30,000  | A   | \$ 5.86  | 96,929  | D |
| Common Stock, \$.01 par value   | 01/10/2014                           |  | M                              | 7,500   | A   | \$ 10.03   | 104,429   | D |
| Common Stock, \$.01 par value   | 01/10/2014                           |  | S <sup>(3)</sup>               | 37,500  | D   | \$ 30  | 66,929  | 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)

| 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. Transaction Code (Instr. 8) | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | 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 Number Shares |
| Stock Option (Right to Buy) <sup>(1)</sup> | \$ 15.92   |                                      |  |                                |   | 12/22/2009 <sup>(2)</sup>                                | 12/22/2018  | Common Stock | 100,000              |
| Stock Option (right to buy) <sup>(1)</sup> | \$ 5.86  | 01/10/2014                           |  | M                              | 30,000  | 03/31/2010 <sup>(2)</sup>                                | 05/28/2019  | Common Stock | 30,000               |
| Stock Option (right to buy) <sup>(1)</sup> | \$ 10.03   | 01/10/2014                           |  | M                              | 7,500   | 06/03/2011 <sup>(2)</sup>                                | 06/03/2020  | Common Stock | 7,500                |
| Stock Option (right to buy) <sup>(1)</sup> | \$ 22.44   |                                      |  |                                |   | 05/22/2013 <sup>(2)</sup>                                | 05/22/2022  | Common Stock | 20,000               |
| Stock Option (Right to Buy) <sup>(1)</sup> | \$ 23.15   |                                      |  |                                |   | 05/14/2014 <sup>(2)</sup>                                | 05/14/2024  | Common Stock | 20,000               |

## Reporting Owners

| Reporting Owner Name / Address   | Relationships |           |                         |       |
|--|---------------|-----------|-------------------------|-------|
|  | Director      | 10% Owner | Officer                 | Other |
| Bowen Robert<br>C/O ABIOMED, INC<br>22 CHERRY HILL DR<br>DANVERS, MA 01923 |               |           | Chief Financial Officer |       |

## Signatures

/s/ Stephen C. McEvoy (by power of attorney)

01/14/2014

\_\_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 exercisable in annual 25% increments, commencing on the date set forth in Table II, Column 6.
- (3) Sale of common stock pursuant to reporting owner's 10b5-1 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.