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ADIONIED INC

Form 4	INC										
May 15, 200							<u></u>				
FORM	14 UNITED	STATES SECI	IDITIES /		HANCE	COMMISSIO	т	OMB APPROVAL			
	N OMB Number:	3235-0287									
Check th if no long	aor.		Expires:	January 31, 2005							
subject to Section 1 Form 4 c	or STATEN I6. or	IENT OF CHA	SECUI	Estimated burden hou response	average Jrs per						
obligatio may cont	Form 5 obligations may continue.Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,See InstructionSection 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 I	Responses)										
1. Name and A Weber Davi	Address of Reporting id M	Symbo			rading	5. Relationship of Reporting Person(s) to Issuer					
			OMED INC			(Check all applicable)					
(Last) C/O ABION HILL DRIV	MED, INC., 22 C	(Mont	e of Earliest T h/Day/Year) 8/2007	ransaction		Director 10% Owner X_ Officer (give title Other (specify below) below) Chief Operating Officer					
	(Street)	4. If A	4. If Amendment, Date Original			6. Individual or Joint/Group Filing(Check					
Filed(Month/Day/Year) Applicable Line) _X_ Form filed by								One Reporting Person fore than One Reporting			
(City)	(State)	(Zip) T	able I - Non-l	Derivative Se	ecurities A	cquired, Disposed	of, or Beneficia	lly Owned			
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed	3. Transactio Code	4. Securities nAcquired (A Disposed of (Instr. 3, 4 a (A	s A) or 7 (D)	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			
Domindor: Dor	ort on a serverta l'a-	for each close of -		,	,	ar indiractly					
Keminder: Kep	oort on a separate line	TOP EACH CLASS OF S	ecurrues bene	Persons informa required	s who res tion cont d to respo	spond to the colle ained in this form and unless the fo ntly valid OMB co	n are not rm	SEC 1474 (9-02)			

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned
 (e.g., puts, calls, warrants, options, convertible securities)

number.

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5. Number of	6. Date Exercisable and	7. Title and Amount
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transacti	orDerivative	Expiration Date	Underlying Securitie
Security	or Exercise		any	Code	Securities	(Month/Day/Year)	(Instr. 3 and 4)

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(Instr. 3)	Price of Derivative Security		(Month/Day/Year)	(Instr.	8)	Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)					
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amou Numb Shares
Stock Option (right to buy) (1)	\$ 13.88	04/23/2007		А		130,000		04/23/2008 <u>(2)</u>	04/23/2017	Common Stock	130,0

Reporting Owners

Reporting Owner Name / Address	Relationships							
	Director	10% Owner	Officer	Other				
Weber David M C/O ABIOMED, INC. 22 CHERRY HILL DRIVE DANVERS, MA 01923			Chief Operating Officer					
Signatures								
/s/ Carrie-Ann Powierza (by po	wer of		05/15/2007					

attorney)
<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) Grant to reporting person of option to buy the number of shares of Common Stock set forth in Table II, Column 7, under the ABIOMED, Inc. 2000 Stock Incentive Plan.

Date

(2) This option becomes exercisable in annual 25% increments, commencing on the date shown in Table II, Column 6.

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.