## Edgar Filing: Margolies Matthew - Form 4

Margolies Ma	atthew											
Form 4	2											
May 11, 2010											PPROVAL	
FORM	<b>4</b> UNITE	D STATES				ND EXC D.C. 205		NGE (	COMMISSION		3235-0287	
Check this box				CHANGES IN BENEFICIAL OWNE SECURITIES						Expires: Estimated a burden hou	•	
Form 4 or Form 5 obligation may conti <i>See</i> Instru 1(b).	Filed p Section 1	7(a) of the		ility Ho	oldi	ing Com	pany	Act o	ge Act of 1934, f 1935 or Sectio 40	response	•	
(Print or Type R	lesponses)											
Margolies Matthew Sy			2. Issuer Name <b>and</b> Ticker or Trading Symbol CARDIONET INC [BEAT]					g	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
(Last)	(First)	First) (Middle) 3. Date of Earliest Transaction				(Cnec	ск ап аррпсавь	e)				
227 WASHI	NGTON STR	EET, #300	(Month/D 05/10/20	-	)				Director X_Officer (give below) Senior V		6 Owner er (specify Sales	
				If Amendment, Date Original ed(Month/Day/Year)					6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person			
CONSHOH	OCKEN, PA	19428							Form filed by M Person	More than One R	eporting	
(City)	(State)	(Zip)	Table	e I - Non	-De	erivative S	ecuri	ties Ac	quired, Disposed o	f, or Beneficia	lly Owned	
1.Title of Security (Instr. 3)	2. Transaction 1 (Month/Day/Yo	ear) Executio any	med on Date, if Day/Year)	Code (Instr.	8)	4. Securit nAcquired Disposed (Instr. 3, Amount	(A) o of (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 Beneficial Ownership (Instr. 4)	
Common Stock (1)	05/10/2010			А		4,010	A	\$0	27,381 <u>(3)</u>	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. Transactie Code (Instr. 8)	5. Number prof Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exer Expiration D (Month/Day,	ate	7. Title and Amount of Underlying Securities (Instr. 3 and 4)		8. H Dei Sec (In:
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Stock Option (right to buy)	\$ 8.79	05/10/2010		А	5,570	(2)	05/10/2020	Common Stock	5,570	

## **Reporting Owners**

<b>Reporting Owner Name / Address</b>	Relationships						
	Director	10% Owner	Officer	Other			
Margolies Matthew 227 WASHINGTON STREET, #300 CONSHOHOCKEN, PA 19428			Senior Vice President, Sales				
Signatures							
/s/ Catherine A. Petko, by power of attorney	05/	11/2010					
**Signature of Reporting Person		Date					
<b>Explanation of Respons</b>	ses:						

\* 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).

Represents shares of the Issuer's common stock underlying restricted stock units (RSUs) awarded to the Reporting Person. The RSUs will
 (1) vest in full on the third anniversary of the grant date, subject to accelerated vesting upon certain terminations of employment following certain corporate transactions involving the Issuer. The shares of common stock underlying the RSUs will be issued when the RSUs vest.

- (2) Twenty-five percent (25%) of the shares subject to the option shall vest in four equal annual installments commencing on the first anniversary of the grant date.
- (3) Includes 4,010 shares of the Issuer's common stock subject to the reported RSU award.

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.