## Edgar Filing: IMMELT JEFFREY R - Form 4

IMMELT JE	EFFREY R												
Form 4													
February 04,	2019												
FORM	14										PPROVAL		
	UNITED	) STATES		ITIES A hington				NGE	COMMISSION	OMB Number:	3235-0287		
Check the if no long	ter									Expires:	January 31,		
subject to	STATE	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF							Estimated a	Estimated average			
Section 1		SECURITIES									burden hours per		
Form 4 o Form 5			Casting 10	(.) . <b>f</b> 41				. 1	A . 4 . 6 1024	response	0.5		
obligation may cont <i>See</i> Instru 1(b).	ns inue. Section 17	(a) of the		ility Hol	ding	g Com	pany	Act o	ge Act of 1934, f 1935 or Section 40	n			
(Print or Type I	Responses)												
1. Name and Address of Reporting Person <u>*</u> IMMELT JEFFREY R			2. Issuer Name <b>and</b> Ticker or Trading Symbol					-	5. Relationship of Reporting Person(s) to Issuer				
			ATHEN	ATHENAHEALTH INC [ATHN]					(Check all applicable)				
(Last)	(First)	(Middle)	3. Date of	Earliest T	ransa	action			(		- /		
C/O ATHEI ARSENAL	NAHEALTH, IÌ STREET	NC., 311	(Month/Da 02/01/20	2					below)	title $\begin{array}{c} 10\%\\ \underline{X}\\ below \end{array}$			
	(Street)		4. If Amer	ndment, D	ate O	Driginal			6. Individual or Jo	oint/Group Filin	ng(Check		
WATERTO	WN, MA 02472	,	Filed(Mon	th/Day/Yea	ır)				Applicable Line) _X_ Form filed by 0 Form filed by M				
WAILKIO	WIN, WIA 02472	<u>_</u>							Person				
(City)	(State)	(Zip)	Table	e I - Non-l	Deriv	vative S	Securi	ties Ac	quired, Disposed of	f, or Beneficial	lly Owned		
1.Title of Security (Instr. 3)		any			emed 3. 4. Securities on Date, if TransactionAcquired (A) or Code Disposed of (D) (Day/Year) (Instr. 8) (Instr. 3, 4 and 5)					6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
Comm				Code			(A) or (D)	Price	Reported Transaction(s) (Instr. 3 and 4)				
Common	02/01/2019			А	1, (1	,113	А	\$0	18,762 <u>(2)</u>	D			

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

Stock

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02) 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)

(1)

1. Title of Derivative Security (Instr. 3)	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transact Code (Instr. 8)	Securities Acquired (A) or Disposed of (D) (Instr. 3,	;	Date	Amou Unde Secur	le and ant of rlying ities . 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Own Follo Repo Trans (Instr
			Code V	4, and 5)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

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## **Reporting Owners**

\*\*Signature of Reporting Person

Reporting Owner Name / Address	Relationships							
	Director	10% Owner	Officer	Other				
IMMELT JEFFREY R C/O ATHENAHEALTH, INC. 311 ARSENAL STREET WATERTOWN, MA 02472	Х			Executive Chairman				
Signatures								
/s/ Jessica Collins, Attorney-in-Fact	(	02/04/2019						

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).
- Represents an award of restricted stock units ("RSUs") under the Issuer's 2007 Stock Option and Incentive Plan, as amended and restated
  (1) (the "2007 Plan"). Each RSU represents a contingent right to receive one share of the Issuer's common stock. The RSUs are scheduled to fully vest on March 1, 2019.
- (2) Includes 3,044 units of common stock that were granted pursuant to RSU awards under the 2007 Plan. The units are subject to time-based vesting.

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.