## Edgar Filing: ATHENAHEALTH INC - Form 4

ATHENAH	EALTH INC										
Form 4											
April 03, 20	14										
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION									OMB APPROVAL		
UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549							OMMISSION	OMB Number:	3235-0287		
Check this box if no longer subject to STATEMENT OF CHAN						Expires:	January 31,				
				GES IN	BENEF	ICIA	L OWN	<b>VERSHIP OF</b>	Estimated a	2005 Verage	
Section 16.				SECUR	RITIES	burden hours per					
Form 4 c Form 5			<b>a</b> .•		a .				response	0.5	
obligatio	nc *						•	e Act of 1934,			
may cont	tinue. Section 17			vestment	-	~ `	-	1935 or Section			
See Instr 1(b).	uction	50(II)	of the fil	ivestinent	Compar	iy Ac	1 01 1940	0			
(Print or Type ]	Responses)										
1. Name and Address of Reporting Person *       2. Issue         Park Ed       Symbol			uer Name <b>and</b> Ticker or Trading 1				5. Relationship of Reporting Person(s) to Issuer				
ATHE				VAHEAL	TH INC	[AT]	HN]	(Check all applicable)			
(Last) (First) (Middle) 3. Date of				of Earliest Transaction				()			
				h/Day/Year)				Director 10% Owner X Officer (give title Other (specify			
311 ARSENAL STREET04/01/2			014				below) below)				
								EV	P and COO		
(Street) 4. If Ame			endment, Date Original				6. Individual or Joint/Group Filing(Check				
Filed(Mor				nth/Day/Yea	r)			Applicable Line) _X_ Form filed by One Reporting Person			
WATTOT								_X_ Form filed by O Form filed by M			
WATERIC	OWN, MA 02472	2						Person	,	8	
(City)	(State)	(Zip)	Tab	le I - Non-I	Derivative	Secur	ities Acqu	uired, Disposed of,	or Beneficiall	y Owned	
1.Title of	2. Transaction Dat			3. 4. Securities Acquired Transaction(A) or Disposed of (D)				5. Amount of	6.	7. Nature of	
Security (Instr. 3)	(Month/Day/Year)	any	Execution Date, if			-		Securities Beneficially	Ownership Form: Direct	Indirect Beneficial	
(1130.5)		•	Day/Year)	Code (Instr. 3, 4 and 5) (Instr. 8)				Owned		Ownership	
								Following	Indirect (I)	(Instr. 4)	
						(A)		Reported Transaction(s)	(Instr. 4)		
						or	D i	(Instr. 3 and 4)			
Common				Code V	Amount 2,946	(D)	Price \$				
Stock	04/01/2014			F	2,940 (1)	D	, 162.56	46,326	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)

Der Sec	Fitle of rivative curity str. 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. Transacti Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	;	ate	Secur	ınt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr
					Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

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## **Reporting Owners**

Reporting Owner Name / Address	Relationships							
	Director	10% Owner	Officer	Other				
Park Ed 311 ARSENAL STREET WATERTOWN, MA 02472			EVP and COO					
Signatures								
/s/ Daniel H. Orenstein Attorney-in-Fact	04/03/2014							
**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).

These shares were withheld to satisfy tax withholding obligations incurred upon the vesting of restricted stock units awarded to the

 Reporting Person on April 1, 2011. This transaction is considered an exempt sale pursuant to Rule 16b-3(e) promulgated under the Securities Exchange Act of 1934.

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.