## Edgar Filing: ATHENAHEALTH INC - Form 4

ATHENAH	EALTH INC										
Form 4											
September (	03, 2015										
FORM	FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION								OMB APPROVAL		
	UNITE	UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549							OMB Number:	3235-0287	
Check th if no lon subject t Section Form 4 d	nger <b>STATE</b> 16.	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES								January 31, 2005 verage rs per 0.5	
Form 5 obligation may com <i>See</i> Instru- 1(b).	ons Section 17	response 0.5 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 <u>*</u> Matus Kristi Ann			2. Issuer Name <b>and</b> Ticker or Trading Symbol ATHENAHEALTH INC [ATHN]				0	5. Relationship of Reporting Person(s) to Issuer			
(Last)	(First)	(Middle)	3. Date of Earliest Transaction (Check					k all applicable)			
C/O ATHENAHEALTH, INC., 311 ARSENAL STREET			(Month/I	(Month/Day/Year) 09/01/2015 4. If Amendment, Date Original				Director 10% Owner X Officer (give title Other (specify below) EVP and CFAO 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting			
WATERTO	DWN, MA 0247	2						Person	ore than One Re	porung	
(City)	(State)	(Zip)	Tab	le I - Non-I	Derivative	Secur	rities Acqu	iired, Disposed of	, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction Da (Month/Day/Year	ned n Date, if Day/Year)	3. Transactio Code (Instr. 8)	4. Securities Acquired tior(A) or Disposed of (D) (Instr. 3, 4 and 5) ) (A) or			BeneficiallyFormOwned(D) orFollowingIndireReported(Instruction (s))	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
Common				Code V	Amount	(D)	Price \$	(Instr. 3 and 4)			
Stock	09/01/2015			S	415 <u>(1)</u>	D	» 130.52	35,847	D		
Common Stock								200	Ι	By IRA	

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. Transactio Code (Instr. 8)	5. oriNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3,	3	Date	7. Titl Amou Under Secur (Instr.	int of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr
				Code V	4, and 5) (A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

## **Reporting Owners**

<b>Reporting Owner Name / Address</b>	Relationships							
	Director	10% Owner	Officer	Other				
Matus Kristi Ann C/O ATHENAHEALTH, INC. 311 ARSENAL STREET WATERTOWN, MA 02472			EVP and CFAO					
Signatures								
/s/ Daniel H. Orenstein Attorney-in-Fact		09/02/20	09/02/2015					
**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) The sale reported on this Form 4 was made pursuant to a written trading plan adopted by the Reporting Person on June 4, 2015, in accordance with Rule 10b5-1.

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.