## Edgar Filing: ATHENAHEALTH INC - Form 4

ATHENAH	EALTH INC										
Form 4											
April 03, 20	14										
FORM	14								OMB AP	PROVAL	
UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549									OMB Number:	3235-0287	
Check th				_					Expires:	January 31,	
if no longer subject to STATEMENT OF CHAN				GES IN BENEFICIAL OWNERSHIP					Estimated a	2005	
Section 1				SECURITIES					burden hours per		
Form 4 c									response	0.5	
Form 5 obligatio	<b>n</b> c -						-	Act of 1934,			
may cont				•	•	· ·		1935 or Section			
<i>See</i> Instr 1(b).	uction	30(h) o	f the In	vestment	Compar	іу Ас	t of 1940	)			
(Print or Type ]	Responses)										
1. Name and A COSINUKI	Address of Reporting			r Name <b>and</b>	Ticker or	Tradi	0	5. Relationship of l Issuer	Reporting Pers	on(s) to	
COSINUKI	LINDERI		Symbol								
ATHEN				ENAHEALTH INC [ATHN]				(Check all applicable)			
			ate of Earliest Transaction								
•				th/Day/Year)				Director 10% Owner X_ Officer (give title Other (specify			
JII AKSEN	NAL SIKEEI	(	04/01/2	014				below)	below)	(speeny	
								SVP, Chief	f Marketing Of	ficer	
	(Street)	4	4. If Ame	ndment, Da	te Origina	1		6. Individual or Joi	nt/Group Filin	g(Check	
Filed(Mon				onth/Day/Year)				Applicable Line) _X_ Form filed by One Reporting Person			
WATEDTO	WALLA 02472							_X_ Form filed by O			
WAIEKIC	OWN, MA 02472							Person	1		
(City)	(State)	(Zip)	Tabl	e I - Non-D	<b>)</b> erivative	Secur	ities Acqu	iired, Disposed of,	or Beneficiall	y Owned	
1.Title of	2. Transaction Date			3.	4. Securit			5. Amount of	6.	7. Nature of	
Security (Instr. 3)	(Month/Day/Year)	Execution I	Date, if	Transactio		-		Securities Beneficially	Ownership	Indirect Beneficial	
(IIISU. 5)		any (Month/Day	v/Year)	Code (Instr. 3, 4 and 5) (Instr. 8)				Owned		Ownership	
		` .		· · · ·				Following	Indirect (I)	(Instr. 4)	
						(A)		Reported	(Instr. 4)		
						or		Transaction(s) (Instr. 3 and 4)			
0				Code V		(D)	Price	(insur 5 and 1)			
Common Stock	04/01/2014			F	1,473 (1)	D	\$ 162.56	44,804	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)

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	4. Transacti Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3,	(Month/Day/Year) ive es d		Secur	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		

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## **Reporting Owners**

<b>Reporting Owner Name / Address</b>	Relationships						
1 0	Director	10% Owner	Officer	Other			
COSINUKE ROBERT 311 ARSENAL STREET WATERTOWN, MA 02472			SVP, Chief Marketing Officer				
Signatures							
/s/ Daniel H. Orenstein Attorney-in-Fact	04/0		)3/2014				
**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.