Edgar Filing: DOLLENS RONALD W - Form 4

| DOLLENS RONAL | D W | | | | | | | | |
|--|--|--------------------|---|--|---------------------------|---|---|---|--|
| Form 4 | | | | | | | | | |
| August 10, 2006 | | | | | | | | | |
| FORM 4 t | NITED ST | TATES SECUR Was | | | | COMMISSION | | 9PROVAL 3235-0287 | |
| Subject to Section 16. Form 4 or Form 5 | Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940 | | | | | | | January 31, 2005 average irs per 0.5 | |
| (Print or Type Responses |) | | | | | | | | |
| DOLLENS RONALD W Symb | | | 2. Issuer Name and Ticker or Trading Symbol ABIOMED INC [ABMD] | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | |
| (Month/ | | | Date of Earliest Transaction Month/Day/Year) 8/09/2006 | | | X Director 10% Owner Officer (give title Other (specify below) below) | | | |
| (Stree | (Street) 4. If Amer | | | nendment, Date Original Ionth/Day/Year) | | | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person | | |
| DANVERS, MA 01 | 923 | | | | | Form filed by M Person | More than One Re | eporting | |
| (City) (State | e) (Zi | ip) Tabl | e I - Non-Do | erivative S | ecurities Ac | quired, Disposed o | f, or Beneficial | lly Owned | |
| (Instr. 3) any | | Execution Date, if | on Date, if Transactio Code | | of (D) 4 and 5) (A) | Securities Beneficially Owned | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| Common Stock, \$.01 par value | | | Code V | Amount | or (D) Price | (Instr. 3 and 4) 290 | 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. Transactic Code (Instr. 8) | 5. Number on f Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amount of Underlying Securities (Instr. 3 and 4) | |
|---|---|---|---|--|---|--|--------------------|---|-------------------------------------|
| | | | | Code V | (A) (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares |
| Stock Option (right to buy) <u>(1)</u> | \$ 10.27 | | | | | 01/13/2007(2) | 01/13/2016 | Common Stock | 25,000 |
| Stock Option (right to buy) (1) | \$ 13.21 | 08/09/2006 | | А | 8,000 | 08/08/2007 <u>(3)</u> | 08/09/2016 | Common Stock | 8,000 |

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | | |
|--|---------------|-----------|---------|-------|--|--|
| 1 | Director | 10% Owner | Officer | Other | | |
| DOLLENS RONALD W C/O ABIOMED, INC. 22 CHERRY HILL DRIVE DANVERS, MA 01923 | Х | | | | | |
| Signatures | | | | | | |
| /s/ Carrie-Ann Powierza | | | | | | |

(attorney-in-fact) 08/10/2006 <u>**</u>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) Grant to reporting person of option to buy shares of Common Stock under the ABIOMED, Inc. 2000 Stock Incentive Plan.

(2) These options become exercisable in annual 20% increments commencing on the date shown in Table II, Column 6.

(3) This option becomes exercisable in full on the date set forth in Table II, Column 6.

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.