Edgar Filing: ATHENAHEALTH INC - Form 4

ATHENAH	EALTH INC											
Form 4												
February 19,	, 2014											
									OMB APPROVAL			
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549								OMB Number:	3235-0287			
Check this box if no longer subject to STATEMENT OF CHAN									Expires:	January 31,		
				GES IN BENEFICIAL OWNER				VERSHIP OF	Estimated a	2005 average		
	Section 16.				SECURITIES					burden hours per		
	Form 4 or								response 0.5			
Form 5 obligatio	nc *						•	e Act of 1934,				
may cont				•	•	· ·	•	1935 or Section	l			
<i>See</i> Instr 1(b).	uction	30(h) o	of the In	vestment	Compar	іу Ас	t of 194	0				
(Print or Type l	Responses)											
			2. Issue Symbol	ssuer Name and Ticker or Trading				5. Relationship of Reporting Person(s) to Issuer				
-				VAHEAL'	TH INC	[AT]	HN]	(Check all applicable)				
(Last)	(First) (Middle)	3 Date o	f Earliest Tr	ansaction			(Check	all applicable)		
				nth/Day/Year)				Director	10%	Owner		
311 ARSENAL STREET 02/15/2			XOfficer (give titleOther (specify below) below)									
								EVP and COO				
(Street) 4. If Am				endment, Date Original			6. Individual or Joint/Group Filing(Check					
			Month/Day/Year)				Applicable Line)					
I nea(no)				, , , , , , , , , , , , , , , , , , ,	, 			_X_ Form filed by One Reporting Person				
WATERTC	OWN, MA 02472							Form filed by M Person	ore than One Rej	porting		
(City)	(State)	(Zip)	Tab	le I - Non-D	Derivative	Secur	ities Acqu	iired, Disposed of,	or Beneficial	y Owned		
1.Title of	2. Transaction Date	e 2A. Deeme	ed	3. 4. Securities Acquired				5. Amount of	6.	7. Nature of		
Security	(Month/Day/Year)	Execution I	Date, if	Transaction(A) or Disposed of (D)				Securities	Ownership	Indirect		
(Instr. 3)		any (Month/Da	v/Voor)	Code	(Instr. 3, 4 and 5)			Beneficially	Form: Direct (D) or	Beneficial Ownership		
		(Monul/Da	/Day/Year) (Instr. 8)					Owned Following	Indirect (I)	(Instr. 4)		
						(A)		Reported	(Instr. 4)			
						or		Transaction(s)				
				Code V	Amount	(D)	Price	(Instr. 3 and 4)				
Common Stock	02/15/2014			F	810 <u>(1)</u>	D	\$ 189.01	55,804	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)

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	02/19/2014							
<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).

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, 2010. 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.