Edgar Filing: Porter Jonathan D. - Form 4

Form 4										
January 29,	2018									
FORM	14_{UNITED}	STATES	SECUL	DITIES A	ND FY	снл	NCF C	OMMISSION	-	PROVAL
	UNITED	SIAILS		shington,			NGE C	01/11/11/01/01	OMB Number:	3235-0287
Check th				·····B····,	2.0.20	••••			Expires:	January 31,
if no lon subject t	STATE	MENT OF	CHAN	GES IN	BENEF	ICIA	L OWN	ERSHIP OF	Estimated a	2005
Section	16.	SECURITIES					burden hours per			
Form 4 o Form 5		Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,						response	0.5	
obligatio	ons Section 17						-	1935 or Section	h	
may con See Instr	iunue.			vestment	-	~ `			•	
1(b).	luction	. ,			1	•				
(Print or Type	Responses)									
1. Name and A Porter Jona	Address of Reporting			r Name and	Ticker or	Tradi		5. Relationship of Issuer	Reporting Pers	on(s) to
I onter Jona	unan D.		Symbol ATHEN	JAHEAL'	TH INC	ΓΔΤΙ				
(Last)	(First)			f Earliest Tr		[/ 1 1 1		(Check	c all applicable)
(Lust)	(1130)	` ´	(Month/E		ansaction			Director	10%	Owner
	NAHEALTH, IN	NC., 311	01/26/2	018				X Officer (give below)	title Othe below)	r (specify
ARSENAL	L STREET							· · · · · · · · · · · · · · · · · · ·	etwork Service	28
	(Street)		4. If Ame	ndment, Da	te Origina	ıl		6. Individual or Joi	int/Group Filin	g(Check
			Filed(Mor	nth/Day/Year)			Applicable Line) _X_ Form filed by O	ne Reporting Per	rson
WATERTO	OWN, MA 02472	2						Form filed by M Person		
(City)	(State)	(Zip)	Tabl	le I - Non-D	erivative	Secur	ities Acqu	uired, Disposed of,	, or Beneficiall	y Owned
1.Title of	2. Transaction Date	e 2A. Deem	ed	3.	4. Securi		1	5. Amount of	6.	7. Nature of
Security (Instr. 3)	(Month/Day/Year)	Execution any	Date, if	Transactio Code	n(A) or Di (Instr. 3,	-		Securities Beneficially	Ownership Form: Direct	Indirect Beneficial
(1150.5)		(Month/Da	ay/Year)	(Instr. 8)	(1150.5,	i unu	5)	Owned	(D) or	Ownership
								Following Reported	Indirect (I) (Instr. 4)	(Instr. 4)
						(A) or		Transaction(s)	(Instr. 1)	
				Code V	Amount	(D)	Price	(Instr. 3 and 4)		
Common Stock	01/26/2018			S <u>(1)</u>	150	D	\$ 128.26	16,366 <u>(2)</u>	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 Derivati Security (Instr. 3	ive Conversion or Exercise	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transactic Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Amou Unde Secur	le and unt of rlying ities . 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owno 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						
reporting of the rame (rame of	Director	10% Owner	Officer	Other			
Porter Jonathan D. C/O ATHENAHEALTH, INC. 311 ARSENAL STREET WATERTOWN, MA 02472			SVP, Network Services				
Signatures							

gnau

Dan Haley, as Attorney-in-Fact	01/29/2018
**Signature of Reporting Person	Date

**Signature of Reporting Person

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).
- The sales reported on this Form 4 were made pursuant to a written trading plan adopted by the reporting person on October 30, 2017, in (1) accordance with Rule 10b5-1.
- Includes 12,957 units of common stock granted pursuant to restricted stock unit ("RSU") awards under the athenahealth, Inc. 2007 Stock (2) Option and Incentive Plan, as amended and restated. The RSUs are subject to time-based vesting and will be settled only in stock.

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.