MANN JAMES L Form 4 August 03, 2012

## FORM 4

### UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

**SECURITIES** 

**OMB** 

**OMB APPROVAL** 

3235-0287 Number:

Expires:

5. Relationship of Reporting Person(s) to

January 31, 2005

Estimated average burden hours per

response... 0.5

Check this box if no longer subject to Section 16. Form 4 or Form 5

obligations

1(b).

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 may continue. 30(h) of the Investment Company Act of 1940 See Instruction

(Print or Type Responses)

1. Name and Address of Reporting Person \*

MANN JAM	MANN JAMES L		Symbol	Issuer			
			ATHENAHEALTH INC [ATHN] (Check all				
(Last)	(First)	(Middle)	3. Date of Earliest Transaction	• • • • • • • • • • • • • • • • • • • •			
			(Month/Day/Year)	X Director 10% Owner			
C/O ATHEN ARSENAL S		I, INC., 311	08/01/2012	Officer (give title below) Other (speci			
(Street)			4. If Amendment, Date Original	6. Individual or Joint/Group Filing(Check			
			Filed(Month/Day/Year)	Applicable Line)			
WATERTOWN MA 02472				_X_ Form filed by One Reporting Person Form filed by More than One Reporting			

2. Issuer Name and Ticker or Trading

#### WATERTOWN, MA 02472

(City)	(State) (Z	Zip) Table	I - Non-Do	erivative S	Securi	ties Ac	quired, Disposed	of, or Beneficia	lly Owned	
1.Title of	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if	3.	4. Securi			5. Amount of Securities	6. Ownership Form: Direct	7. Nature of Indirect	
Security (Instr. 3)	(Month/Day/Tear)	any	Code	onAcquired (A) or Disposed of (D)			Beneficially	(D) or	Beneficial Ownership (Instr. 4)	
		(Month/Day/Year)	(Instr. 8)	(Instr. 3, 4 and 5)		Owned Following	Indirect (I) (Instr. 4)			
					(A) or		Reported Transaction(s) (Instr. 3 and 4)			
			Code V	Amount	(D)	Price	(Index 5 und 1)		See	
Common Stock	08/01/2012		A	2,018 (1)	A	\$0	8,118	I	Footnote (2)	
Common Stock							3,406	D		

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02)required to respond unless the form displays a currently valid OMB control number.

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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	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exerc	isable and	7. Titl	e and	8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	TransactionNumber		Expiration Da	n Date A		nt of	Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Under	lying	Security	Secur
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Securi	ities	(Instr. 5)	Bene
	Derivative				Securities			(Instr.	3 and 4)		Own
	Security				Acquired						Follo
					(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
					(Instr. 3,						
					4, and 5)						
									Amount		
						Date	*		Or Number		
						Exercisable			of		
				C-1- V	(A) (D)						
				Coae v	(A) (D)				Shares		

## **Reporting Owners**

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

MANN JAMES L C/O ATHENAHEALTH, INC. 311 ARSENAL STREET WATERTOWN, MA 02472



## **Signatures**

/s/ Daniel H. Orenstein Attorney-in-Fact

08/03/2012

\*\*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) Represents an award of restricted stock units pursuant to the Issuer's 2007 Stock Option and Incentive Plan, as amended and restated. The restricted stock units fully vest on June 1, 2013.
- (2) These shares are owned by the James L. Mann Living Revocable Trust.

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.

Reporting Owners 2