#### HAASER CHARLES B

Form 4 June 10, 2005

### FORM 4

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

**OMB APPROVAL OMB** 

Number:

3235-0287 January 31,

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES** 

2005 Estimated average burden hours per

Expires:

Form 5 obligations

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 30(h) of the Investment Company Act of 1940

response... 0.5

may continue. See Instruction

1(b).

(Last)

(Print or Type Responses)

1. Name and Address of Reporting Person \* HAASER CHARLES B

2. Issuer Name and Ticker or Trading

5. Relationship of Reporting Person(s) to Issuer

Symbol ABIOMED INC [ABMD]

(Middle)

3. Date of Earliest Transaction

(Check all applicable)

C/O ABIOMED, INC., 22 CHERRY

(Month/Day/Year)

Director 10% Owner

06/08/2005

X\_ Officer (give title \_X\_ Other (specify below)

HILL DRIVE

(First)

below) Principal Financial Officer / Acting Chief

Financial Officer

(Street)

4. If Amendment, Date Original

6. Individual or Joint/Group Filing(Check

Filed(Month/Day/Year)

Applicable Line) \_X\_ Form filed by One Reporting Person Form filed by More than One Reporting

Person

DANVERS, MA 01923

(State) (City) (Zip) Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned 1.Title of 2. Transaction Date 2A. Deemed Security (Month/Day/Year) Execution Date, if

4. Securities TransactionAcquired (A) or Code Disposed of (D) (Instr. 8) (Instr. 3, 4 and 5) 5. Amount of Securities Beneficially Owned Following

6. Ownership 7. Nature of Form: Direct Indirect Beneficial (D) or Indirect (I) Ownership (Instr. 4) (Instr. 4)

Reported (A) Transaction(s)

2,379

or (Instr. 3 and 4)

Common

Code V Amount (D) Price

D

Stock, \$.01 par value

(Instr. 3)

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

(Month/Day/Year)

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.

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. Transacti Code (Instr. 8)	5. Number of orDerivative 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 Underlying Securitie (Instr. 3 and 4)	
				Code V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amour or Number of Shar
Stock Option (right to buy) (3)	\$ 4.844						11/02/2000(1)	11/02/2008	Common Stock	5,00
Stock Option (right to buy) (3)	\$ 6.688						07/01/2001(2)	07/01/2009	Common Stock	1,40
Stock Option (right to buy) (4)	\$ 15.563						06/28/2002 <u>(6)</u>	06/28/2010	Common Stock	10,00
Stock Option (right to buy) (5)	\$ 18.4						08/08/2003 <u>(7)</u>	08/08/2011	Common Stock	5,00
Stock Option (right to buy) (5)	\$ 6.75						06/25/2004 <sup>(8)</sup>	06/25/2012	Common Stock	5,00
Stock Option (right to buy) (4)	\$ 5.11						06/25/2005 <u>(9)</u>	06/25/2013	Common Stock	5,00
Stock Option (right to buy) (5)	\$ 12.3						07/01/2005(10)	07/01/2014	Common Stock	15,00
Stock Option (right to buy) (5)	\$ 10.8						03/01/2006(10)	03/01/2015	Common Stock	12,50
Stock Option (right to buy) (5)	\$ 9.36	06/08/2005		A	20,000		06/08/2006(10)	06/08/2015	Common Stock	20,00

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## **Reporting Owners**

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

HAASER CHARLES B C/O ABIOMED, INC. 22 CHERRY HILL DRIVE DANVERS. MA 01923

Principal Financial Officer Acting Chief Financial Officer

## **Signatures**

/s/ Charles B. 06/10/2005 Haaser

\*\*Signature of Date
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).
- (1) Original option grant becomes exercisable in annual 25% installments commencing on the date shown.
- Thirty percent of the original option grant became exercisable on 7/1/01 and were subsequently exercised. Another 30 percent became exercisable on 7/1/02 and an additional 40 percent will become exercisable on 7/1/03.
- (3) Grant to reporting person of option to buy the number of shares of Common Stock set forth in Table II, Column 7, under the ABIOMED, Inc. 1992 Combination Stock Option Plan.
- (4) Grant to reporting person of option to buy the number of shares of Common Stock set forth in Table II, Column 7, under the ABIOMED, Inc. 1998 Equity Incentive Plan.
- Grant to reporting person of option to buy the number of shares of Common Stock set forth in Table II, Column 7, under the ABIOMED, Inc. 2000 Stock Incentive Plan.
- Thirty percent of this option will become exercisable on each of 6/28/02 and 6/28/03 and an additional 40 percent will become exercisable on 6/28/04.
- (7) Thirty percent of this option will become exercisable on each of 8/8/03 and 8/8/04 and an additional 40 percent will become exercisable on 8/8/05.
- (8) Thirty percent of this option will become exercisable on each of 6/25/04 and 6/25/05 and an additional 40 percent will become exercisable on 6/25/06.
- (9) Thirty percent of this option will become exercisable on each of 6/25/05 and 6/25/06 and an additional 40 percent will become exercisable on 6/25/07.
- (10) These options become exercisable in annual 25% increments, commencing on the date shown 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.

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