### Edgar Filing: Stickel Gary - Form 4

Stickel Gary

Form 4	207									
March 31, 20								OMB AF	PROVAL	
FORM	UNITEDS	STATES SE	CURITIES A Washington,			NGE C	OMMISSION	OMB Number:	3235-0287	
Check thi if no long subject to Section 1 Form 4 or		IGES IN BENEFICIAL OWNE SECURITIES				Expires: Estimated a burden hour response	ours per			
Form 5 obligation may cont <i>See</i> Instru 1(b).	ns Section 17(a	a) of the Publ	ion 16(a) of the lic Utility Hold he Investment (	ing Con	ipany	y Act of	1935 or Section			
(Print or Type F	Responses)									
Stickel Gary Symbol						ng	5. Relationship of Reporting Person(s) to Issuer			
(Last)	(First) (N		ABIOMED INC [ABMD] (Che 3. Date of Earliest Transaction			(Check	eck all applicable)			
. ,	4ED, INC., 22 CH	(Mc	onth/Day/Year) (31/2005	ansaction			Director X Officer (give below)		Owner er (specify	
			f Amendment, Dat d(Month/Day/Year)	-			<ul> <li>6. Individual or Joint/Group Filing(Check</li> <li>Applicable Line)</li> <li>_X_ Form filed by One Reporting Person</li> </ul>			
DANVERS,	, MA 01923						Form filed by M Person	lore than One Re	porting	
(City)	(State)	(Zip)	Table I - Non-D	erivative	Secur	ities Acq	uired, Disposed of	, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Dat any (Month/Day/Y	Code Year) (Instr. 8)	(Instr. 3,	spose 4 and (A) or	d of (D) 5)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		
Common Stock, \$.01 par value	03/31/2005		Code V A	Amount 151 (4)		Price \$ 7.922	151	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. Transactio Code (Instr. 8)	5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	Expiration Date (Month/Day/Year e			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) $(1)$	\$ 8.25					03/29/2006 <u>(2)</u>	03/29/2014	Common Stock	25,000	
Stock Option (right to buy) $(1)$	\$ 12.6					06/15/2005 <u>(3)</u>	06/15/2014	Common Stock	10,000	
Stock Option (right to buy) $(1)$	\$ 10.8					03/01/2006 <u>(3)</u>	03/01/2015	Common Stock	12,500	

# **Reporting Owners**

<b>Reporting Owner Name / Address</b>	Relationships						
1 0	Director	10% Owner	Officer	Other			
Stickel Gary C/O ABIOMED, INC. 22 CHERRY HILL DRIVE DANVERS, MA 01923			VP of HR				
Signatures							
/s/ Charles B. Haaser (attorney-in-fact)	03/31/2005						
**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 the number of shares of Common Stock set forth in Table II, Column 7, under the ABIOMED, Inc. 2000 Stock Incentive Plan.
- (2) Thirty percent of this option will become exercisable on each of 03/29/06 and 03/29/07, and an additional 40% well become exercisable on 03/29/08.

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- (3) These options become exercisable in annual 25% increments, commencing on the date shown in Table II, Column 6.
- (4) Shares of common stock were acquired by the reporting person through participation in the ABIOMED, Inc. Employee Stock Purchase Plan, qualified under Section 423 of Internal Revenue Code.

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.