Kelley Raymond J Form 4 June 10, 2005

FORM 4

OMB APPROVAL

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

OMB 3235-0287 Number:

Check this box if no longer subject to Section 16.

January 31, Expires: 2005

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

Estimated average burden hours per response... 0.5

Form 4 or Form 5 obligations may continue. See Instruction

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

1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person * Kelley Raymond J

2. Issuer Name and Ticker or Trading Symbol

Issuer

(Last)

(City)

(Middle) (First)

(Zip)

ABIOMED INC [ABMD] 3. Date of Earliest Transaction

(Month/Day/Year)

Director 10% Owner X_ Officer (give title

6. Individual or Joint/Group Filing(Check

(Check all applicable)

5. Relationship of Reporting Person(s) to

C/O ABIOMED, INC., 22 CHERRY

06/08/2005

below)

Other (specify below)

HILL DRIVE

VP Marketing

(Street)

4. If Amendment, Date Original

(Instr. 8)

Filed(Month/Day/Year) Applicable Line)

X Form filed by One Reporting Person Form filed by More than One Reporting

Person

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

DANVERS, MA 01923

1.Title of 2. Transaction Date 2A. Deemed Security (Month/Day/Year) Execution Date, if

(State)

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

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

(A) or

Reported Transaction(s) (Instr. 3 and 4)

Code V Amount (D) Price

Common Stock, \$.01

(Instr. 3)

302 D

par value

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 or Derivative 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 o Underlying Securities (Instr. 3 and 4)	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Share
Stock Option (right to buy) (1)	\$ 11.48					05/10/2005(2)	05/10/2014	Common Stock	20,000
Stock Option (right to buy) (1)	\$ 12.6					06/15/2005(2)	06/15/2014	Common Stock	10,000
Stock Option (right to buy) (1)	\$ 10.8					03/01/2006(2)	03/01/2015	Common Stock	12,500
Stock Option (right to buy) (1)	\$ 9.36	06/08/2005		A	10,000	06/08/2006(2)	06/08/2015	Common Stock	10,000

Reporting Owners

Reporting Owner Name / Address	Relationships					
toporting of their runter, reduces	Director	10% Owner	Officer	Other		
Kelley Raymond J						
C/O ABIOMED, INC.			VD Montrotin a			
22 CHERRY HILL DRIVE			VP Marketing			
DANVERS, MA 01923						

Signatures

/s/ Charles B. Haaser (attorney-in-fact) 06/10/2005

**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 shares of Common Stock under ABIOMED, Inc. 2000 Stock Incentive Plan.

Reporting Owners 2

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(2) 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.

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