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April 02, 201	0										
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION									OMB APPROVAL		
	<b>UNITED STATES SECURITIES AND EXCHANGE COMMISSION</b> Washington, D.C. 20549							OMB Number:	3235-0287		
Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b). Section 16. Form 4 or Section 16. Form 5 Section 16. Form 4 or Section 16. Section 17(a) of the Public Utility Holding Company 30(h) of the Investment Company A							<b>IAL OWNERSHIP OF</b> Estimated av burden hours Exchange Act of 1934, any Act of 1935 or Section				
(Print or Type F	Responses)										
1. Name and A Hedges Dere	Symbo	2. Issuer Name <b>and</b> Ticker or Trading Symbol ATHENAHEALTH INC [ATHN]				5. Relationship of Reporting Person(s) to Issuer					
(Last)	(First) (M		of Earliest Tr		[		(Check all applicable)				
311 ARSEN	(Month	(Month/Day/Year) 04/01/2010				Director       10% Owner         Officer (give title       Other (specify below)         SVP Business Development					
Filed(Month/Day/Year) Applicable _X_Form fForm fi					Applicable Line) _X_ Form filed by Form filed by 1	y One Reporting Person y More than One Reporting					
(City)		(Zip) Te					Person	a <b>b</b> at			
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	e 2A. Deemed	3. if Transacti Code	4. Securi ionAcquirec Disposed	ties l (A) c l of (D	or ))	quired, Disposed of 5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	f, or Beneficia 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	•		
Common Stock	04/01/2010		Code V A	7 Amount 7,000 (1)		Price \$ 0	(Instr. 3 and 4) 8,548	D			
Common Stock	04/01/2010		А	1,120 (1)	А	\$0	9,668	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.

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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 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 onof 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 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)	\$ 36.78	04/01/2010		А	8,700	02/15/2011 <u>(2)</u>	04/01/2020	Common Stock	8,700

## **Reporting Owners**

Reporting Owner Name / Address	Relationships						
I B	Director	10% Owner	Officer	Other			
Hedges Derek 311 ARSENAL STREET WATERTOWN, MA 02472			SVP Business Development				
Signatures							
/s/ Daniel H. Orenstein Attorney-in-Fact		04/02/2	2010				
**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).

- These shares represent restricted stock units issued pursuant to the Issuer's 2007 Stock Option and Incentive Plan. Subject to Reporting
   (1) Person's continued employment with Issuer, the restricted stock units vest in four equal annual installments beginning on February 15, 2011, until fully vested on February 15, 2014.
- (2) Subject to Reporting Person's continued employment with Issuer, these options vest and become exercisable in four equal annual installments beginning on February 15, 2011, until fully vested and exercisable on February 15, 2014.

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.