Edgar Filing: Cardiovascular Systems Inc - Form 4

Cardiovasc Form 4 August 25,	ular Systems Inc											
									OMB	APPROVAL		
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549								OMB Number:	3235-0287			
Check t if no lo	this box						Expires:	January 31, 2005				
subject Section Form 4	to SIAIEF 16. or	STATEMENT OF CHANGES IN BENEFICIAL OW SECURITIES							Estimated burden ho response.	d average ours per		
Form 5 obligations may continue. See Instruction 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 30(h) of the Investment Company Act of 1940												
(Print or Type	e Responses)											
LAWLOR AUGUSTINE Symb					nd Ticker or		-	5. Relationship of Reporting Person(s) to Issuer				
				Systems I	nc [C	SIIJ	(Check all applicable)					
(Last)	(First) (Middle)		of Earliest ' 'Day/Year)	Transaction			_X_ Director 10% Owner				
47 THORNDIKE STREET, SUITE 08/21 B1-1				-				Officer (give titleOther (specify below) below)				
(Street) 4. If Am				mendment, Date Original				6. Individual or Joint/Group Filing(Check				
Filed(M CAMBRIDGE, MA 02141				onth/Day/Ye	ear)			Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person				
(City)	(State)	(Zip)	Ta	ble I - Non	-Derivative	Secur	ities Acq	uired, Disposed of	f, or Benefici	ally Owned		
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	Execution any	Date, if	3. 4. Securities Acquired (A) Transactionor Disposed of (D) Code (Instr. 3, 4 and 5) (Instr. 8) (A) or Code V Amount (D) Price				5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
Common Stock				code v	Tinount		Thee	13,605	D			
Common Stock	08/21/2014			S	361,235	D	\$ 28.05	0	I	By HealthCare Ventures VI, L.P. (1)		
Common Stock								74,670	I	By HealthCare Ventures VIII, L.P. (2)		

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)

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. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	7. Title and Amount of Underlying Securities (Instr. 3 and 4)		8. Price (Derivativ Security (Instr. 5)
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Restricted Stock Units	<u>(3)</u>					(3)	(3)	Common Stock	3,977	
Restricted Stock Units	<u>(3)</u>					(3)	(3)	Common Stock	11,628	
Restricted Stock Units	<u>(3)</u>					(3)	(3)	Common Stock	21,739	
Restricted Stock Units	<u>(3)</u>					(3)	(3)	Common Stock	7,192	
Restricted Stock Units	<u>(3)</u>					(3)	(3)	Common Stock	10,917	
Restricted Stock Units	<u>(3)</u>					(3)	(3)	Common Stock	4,580	
Restricted Stock Units	<u>(4)</u>					(4)	(4)	Common Stock	4,260	

Reporting Owners

Reporting Owner Name / Address

Relationships

Director 10% Owner Officer Other

LAWLOR AUGUSTINE 47 THORNDIKE STREET SUITE B1-1 CAMBRIDGE, MA 02141

Signatures

/s/ Amanda Schmall as Attorney-in-Fact for Augustine Lawlor pursuant to Power of Attorney previously filed.

**Signature of Reporting Person

08/25/2014 Date

Explanation of Responses:

* If the form is filed by more than one reporting person, see Instruction 4(b)(v).

X

** Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

The Reporting Person is a general partner of HealthCare Partners VI, L.P., the General Partner of the entity owning the shares. The Reporting Person disclaims beneficial ownership of those securities in which he does not have a pecuniary interest and this report shall

(1) Reporting Person disclams beneficial ownership of those securities in which he does not have a pecuniary interest and this report shall not be deemed an admission that he is the beneficial owner of these securities for purposes of Section 16, except to the extent of his pecuniary interest therein.

The Reporting Person is a managing director of HealthCare Partners VIII, LLC, the general Partner of HealthCare Partners VIII, L.P.
 (1) ("HCPVIII"). HCPVIII is the general Partner of the entity owning the shares. The Reporting Person disclaims beneficial ownership of those securities in which he does not have a pecuniary interest and this report shall not be deemed an admission that he is the beneficial

owner of these securities for purposes of Section 16, except to the extent of his pecuniary interest therein.

Each restricted stock unit represents the right to receive a payment from CSI equal in value to the market price per share of CSI common(3) stock on the date of payment, and shall be payable in cash or shares of Company common stock beginning six months following the termination of each director's board membership.

Each restricted stock unit represents the right to receive a payment from CSI equal in value to the market price per share of CSI common stock on the date of payment, and shall be payable in cash or shares of Company common stock beginning six months following the

(4) stock on the date of payment, and shart be payable in cash of shares of Company common stock beginning six months following the termination of each director's board membership; provided, however, that the restricted stock units vest in quarterly amounts of 1,065 on each of September 30, 2014, December 31, 2014, March 31, 2015 and June 30, 2015.

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.