Cardiovascular Systems Inc Form 4 September 05, 2014

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

SECURITIES

OMB APPROVAL

Number: 3235-0287

Synings January 31,

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Check this box if no longer subject to Section 16. 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 A Thatcher R	Address of Reporting obert J		2. Issuei Symbol	Name aı	nd	Ticker o	r Trad	6	5. Relationship of I Issuer	Reporting Pers	on(s) to
		(Cardiov	ascular	S	ystems	Inc [0	CSII]	(Check	all applicable)
(Last)	(First)	Middle)	3. Date of	Earliest	Tra	ansaction					
651 CAMP	PUS DRIVE		(Month/D 09/03/20	• ′					Director _X_ Officer (give to below) Chief Heal		Owner or (specify
	(Street)		4. If Ame Filed(Mor	<i>'</i>		υ	al	I	5. Individual or Joi Applicable Line) _X_ Form filed by Oi Form filed by Mo	ne Reporting Per	rson
ST. PAUL,	MN 55112							Ī	erson	ore man One Re	porung
(City)	(State)	(Zip)	Tabl	e I - Non	-D	erivative	Secu	rities Acqui	ired, Disposed of,	or Beneficial	ly Owned
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)		Date, if	3. Transact Code (Instr. 8)	ior	4. Securi or Dispos (Instr. 3,	sed of	5) 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	09/03/2014			S(1)		2,791	D	\$ 28.8517	99,980	D	

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

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SEC 1474

(9-02)

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. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	7. Title and A Underlying S (Instr. 3 and	Securities	88 II S ((
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Stock Option (right to buy)	\$ 12.37					(3)	10/16/2015	Common Stock	64,700	
Stock Option (right to buy)	\$ 8.83					<u>(3)</u>	04/17/2017	Common Stock	265	
Stock Option (right to buy)	\$ 12.15					<u>(3)</u>	12/11/2017	Common Stock	32,350	

Reporting Owners

Reporting Owner Name / Address	Relationships							
Reporting Owner Plante / Address	Director	10% Owner	Officer	Other				
Thatcher Robert J 651 CAMPUS DRIVE			Chief Healthcare Policy Off'r					
ST. PAUL, MN 55112			Cilier Heaturcale Folicy Off I					

Signatures

/s/ Amanda Schmall as Attorney-in-Fact for Robert J. Thatcher pursuant to Power of Attorney previously filed.

09/05/2014

8. Price Deriva Securit (Instr.

**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) In connection with the vesting and delivery of restricted stock and pursuant to a Rule 10b5-1 trading plan, on the date the shares were sold the net proceeds were used to pay required withholding taxes.
- (2) The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$28.28 to \$29.24 inclusive. The reporting person undertakes to provide Cardiovascular Systems, Inc., any security holder of Cardiovascular Systems, Inc. or the staff of the Securities and Exchange Commission upon request, full information regarding the number of shares sold

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at each separate price within the range set forth in this footnote.

(3) Fully exercisable.

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.