Edgar Filing: Cardiovascular Systems Inc - Form 4

Cardiovascul Form 4 August 31, 20	ar Systems Inc										
									OMB APPROVAL		
				ES AND EXCHANGE COMMISSION gton, D.C. 20549			OMB Number:	3235-0287			
Check thi if no long subject to Section 10	NGES IN BENEFICIAL OWNERSHIP OF SECURITIES					Expires: January 31, 2005 Estimated average burden hours per					
Form 4 orresponse0.5Form 5Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,0.5obligationssection 17(a) of the Public Utility Holding Company Act of 1935 or Section30(h) of the Investment Company Act of 19401(b).1(b).1(b).											
(Print or Type R	Responses)										
Thatcher Robert J. Symbo			2. Issuer Name and Ticker or Trading ymbol Cardiovascular Systems Inc [CSII]				5. Relationship of Reporting Person(s) to Issuer				
(Last)	(First) (Middle	•				(Check all applicable)					
			(Month/Day/Year) 08/27/2015				Director 10% Owner X Officer (give title Other (specify below) Chief Healthcare Policy Off'r				
(Street) 4. If Ame			ndment, Date Original				6. Individual or Joint/Group Filing(Check				
Filed(Month/Day/Year) Applicable Line) _X_Form filed by Or Form filed by Mo Person											
(City)	(State) (Zip)	Tabl	e I - Non-D	erivative S	Securi	ties Ac	quired, Disposed o	f, or Beneficial	lly Owned		
1.Title of Security (Instr. 3)	an	A. Deemed accution Date, if y	emed 3. 4. Securities on Date, if TransactionAcquired (A) or Code Disposed of (D) 'Day/Year) (Instr. 8) (Instr. 3, 4 and 5) (A) or Code V Amount (D) Price		or))	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	08/27/2015		D	5,983 (1)	D	\$0	132,260	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)

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)	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)		8. Price Deriva Securit (Instr. :
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Stock Option (right to buy)	\$ 12.37					(2)	10/16/2015	Common Stock	64,700	
Stock Option (right to buy)	\$ 8.83					(2)	04/17/2017	Common Stock	265	
Stock Option (right to buy)	\$ 12.15					(2)	12/11/2017	Common Stock	32,350	

Edgar Filing: Cardiovascular Systems Inc - Form 4

Reporting Owners

Reporting Owner Name / Address				
	Director	10% Owner	Officer	Other
Thatcher Robert J. 1225 OLD HIGHWAY 8 NW ST. PAUL, MN 55112			Chief Healthcare Policy Off'r	
Signaturas				

Signatures

/s/ Amanda Schmall as Attorney-in-Fact for Robert J. Thatcher pursuant to Power of Attorney previously filed.					
<u>**</u> 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) Represents shares of restricted stock granted in August 2014 that have been forfeited based on performance achieved for total shareholder return and annual revenue growth for fiscal 2015 versus the Company's peer group.
- (2) 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.

Edgar Filing: Cardiovascular Systems Inc - Form 4

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.