ABIOMED INC Form 3 May 22, 2008			
FORM 3	UNITED STATES SECURITIES AND EXCHANGE COMMISSION	OMB AP	PROVAL
		OMB Number:	3235-0104

## INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

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 Responses)

1. Name and Address of Reporting Person <u>*</u> SUTTER MARTIN P		2. Date of Event Requiring Statement (Month/Day/Year)	3. Issuer Name and Ticker or Trading Symbol ABIOMED INC [ABMD]					
(Last)	(First)	(Middle)	05/20/2008	4. Relationship of Reporting Person(s) to Issuer			5. If Amendment, Date Origina Filed(Month/Day/Year)	
22 CHERR	Y HILL DI	RIVE						
	(Street)			(Check all applicable)			6. Individual or Joint/Group	
DANVERS, MA 01923							% Owner Filing(Check Applicable Line)   her _X_Form filed by One Reporting   elow) Person   Form filed by More than One   Reporting Person	
(City)	(State)	(Zip)	Table I - N	Non-Derivat	ive Securiti	ies Be	neficially Owned	
1.Title of Secu (Instr. 4)	ırity		2. Amount of Beneficially (Instr. 4)		3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nat Owne (Instr.	*	
Common St	tock, \$.01 p	oar value	15,000		D	Â		
Common St	tock, \$.01 p	oar value	781,818		Ι		x Woodlands Health ures Fund VI, LP (1)	
Common Stock, \$.01 par value		1,818,182	1,818,182			x Woodlands Health ures Fund VII, LP (2)		

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

SEC 1473 (7-02)

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 Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

January 31,

2005

0.5

Expires:

response...

Estimated average burden hours per

## Edgar Filing: ABIOMED INC - Form 3

1. Title of Derivative Security (Instr. 4)	2. Date Exerc Expiration D (Month/Day/Year) Date Exercisable	ate	3. Title and Securities U Derivative S (Instr. 4) Title	nderlying	4. Conversion or Exercise Price of Derivative Security	5. Ownership Form of Derivative Security: Direct (D) or Indirect (I)	6. Nature of Indirect Beneficial Ownership (Instr. 5)
						(Instr. 5)	

## **Reporting Owners**

Reporting Owner Name / Address	Relationships				
	Director	10% Owner	Officer	Other	
SUTTER MARTIN P 22 CHERRY HILL DRIVE DANVERS, MA 01923	ÂX	Â	Â	Â	
Signatures					
/s/ Veenita Rao (by power of attorney)	05/22/2008				
**Signature of Reporting Person		Date			

## **Explanation of Responses:**

- \* If the form is filed by more than one reporting person, see Instruction 5(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 securities are held by Essex Woodlands Health Ventures Fund VI, L.P.. Mr. Sutter is a manager director of the general partner of the general part of the partnership that owns the reported securities. As a managing director of Essex Woodlands Health Ventures, Mr.

(1) Sutter shares voting and investment powers for Essex Woodlands Health Ventures Fund VI, L.P.. Mr. Sutter and the Essex Woodlands Health Ventures entities disclaim beneficial ownership of all such securities except to the extent of their proportionate pecuniary interest therein.

These securities are held by Essex Woodlands Health Ventures Fund VII, L.P.. Mr. Sutter is a manager director of the general partner of the general part of the partnership that owns the reported securities. As a managing director of Essex Woodlands Health Ventures, Mr.

(2) Sutter shares voting and investment powers for Essex Woodlands Health Ventures Fund VII, L.P.. Mr. Sutter and the Essex Woodlands Health Ventures entities disclaim beneficial ownership of all such securities except to the extent of their proportionate pecuniary interest therein.

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.