ABIOMED INC Form SC 13G/A February 12, 2016

SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

SCHEDULE 13G

Under the Securities Exchange Act of 1934

(Amendment No. 2)*

ABIOMED, INC.

(Name of Issuer)

Common Stock, par value \$0.001 per share

(Title of Class of Securities)

003654100

(CUSIP Number)

Martin P. Sutter

Essex Woodlands Health Ventures Fund VI, L.P.

Essex Woodlands Health Ventures Fund VII, L.P.

21 Waterway Avenue, Suite 225

The Woodlands, Texas 77380

(281) 364-1555

(Name, Address and Telephone Number of Person Authorized to Receive Notices and Communications)

Edgar Filing: ABIOMED INC - Form SC 13G/A

December 31, 2015

(Date of Event which Requires Filing of this Statement)

Check the appropriate box to designate the rule pursuant to which this Schedule is filed:

" Rule 13d-1(b)

x Rule 13d-1(c)

" Rule 13d-1(d)

* The remainder of this cover page shall be filled out for a reporting person s initial filing on this form with respect to the subject class of securities, and for any subsequent amendment containing information which would alter the disclosures provided in a prior cover page.

The information required in the remainder of this cover page shall not be deemed to be filed for the purpose of Section 18 of the Securities Exchange Act of 1934 (Act) or otherwise subject to the liabilities of that section of the Act but shall be subject to all other provisions of the Act (however, see the Notes).

SCHEDULE 13G

CUSIP No. 003654100

Page 2 of 21 Pages

1 NAME OF REPORTING PERSON

S.S. OR I.R.S. IDENTIFICATION NO. OF ABOVE PERSON

Essex Woodlands Health Ventures Fund VI, L.P.

2 CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP

(a) " (b) x

3 SEC USE ONLY

4 CITIZENSHIP OR PLACE OF ORGANIZATION

Delaware

5 SOLE VOTING POWER

NUMBER OF

SHARES 946,818 6 SHARED VOTING POWER

BENEFICIALLY

OWNED BY -0-FACH 7 SOLE DISPOSITIVE POWER

REPORTING

PERSON 946,818 8 SHARED DISPOSITIVE POWER

WITH

-0-

946,818

10 CHECK BOX IF THE AGGREGATE AMOUNT IN ROW (9) EXCLUDES CERTAIN SHARES "

11 PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW (9)

2.2%

12 TYPE OF REPORTING PERSON

PN

Page 3 of 21 Pages

1 NAME OF REPORTING PERSON

S.S. OR I.R.S. IDENTIFICATION NO. OF ABOVE PERSON

Essex Woodlands Health Ventures VI, L.P.

2 CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP

- (a) ^{..} (b) x
- **3** SEC USE ONLY

4 CITIZENSHIP OR PLACE OF ORGANIZATION

Delaware

5 SOLE VOTING POWER

NUMBER OF

SHARES 946,818 6 SHARED VOTING POWER

BENEFICIALLY

OWNED BY -0-FACH 7 SOLE DISPOSITIVE POWER

REPORTING

PERSON946,818**8SHARED DISPOSITIVE POWER**

WITH

-0-

11 PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW (9)

2.2%

12 TYPE OF REPORTING PERSON

PN

Page 4 of 21 Pages

1 NAME OF REPORTING PERSON

S.S. OR I.R.S. IDENTIFICATION NO. OF ABOVE PERSON

Essex Woodlands Health Ventures VI, L.L.C.

2 CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP

- (a) " (b) x
- **3** SEC USE ONLY

4 CITIZENSHIP OR PLACE OF ORGANIZATION

Delaware

5 SOLE VOTING POWER

NUMBER OF

SHARES 946,818 6 SHARED VOTING POWER

BENEFICIALLY

OWNED BY -0-FACH 7 SOLE DISPOSITIVE POWER

REPORTING

PERSON946,818**8SHARED DISPOSITIVE POWER**

WITH

-0-

11 PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW (9)

2.2%

12 TYPE OF REPORTING PERSON

00

Page 5 of 21 Pages

1 NAME OF REPORTING PERSON

S.S. OR I.R.S. IDENTIFICATION NO. OF ABOVE PERSON

Essex Woodlands Health Ventures Fund VII, L.P.

2 CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP

- (a) " (b) x
- **3** SEC USE ONLY

4 CITIZENSHIP OR PLACE OF ORGANIZATION

Delaware

5 SOLE VOTING POWER

NUMBER OF

SHARES1,203,1826SHARED VOTING POWER

BENEFICIALLY

OWNED BY -0-FACH 7 SOLE DISPOSITIVE POWER

REPORTING

PERSON1,203,1828SHARED DISPOSITIVE POWER

WITH

-0-

11 PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW (9)

2.9%

12 TYPE OF REPORTING PERSON

PN

Page 6 of 21 Pages

1 NAME OF REPORTING PERSON

S.S. OR I.R.S. IDENTIFICATION NO. OF ABOVE PERSON

Essex Woodlands Health Ventures VII, L.P.

2 CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP

- (a) " (b) x
- **3** SEC USE ONLY

4 CITIZENSHIP OR PLACE OF ORGANIZATION

Delaware

5 SOLE VOTING POWER

NUMBER OF

SHARES1,203,1826SHARED VOTING POWER

BENEFICIALLY

OWNED BY -0-FACH 7 SOLE DISPOSITIVE POWER

REPORTING

PERSON1,203,1828SHARED DISPOSITIVE POWER

WITH

-0-

11 PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW (9)

2.9%

12 TYPE OF REPORTING PERSON

PN

Page 7 of 21 Pages

1 NAME OF REPORTING PERSON

S.S. OR I.R.S. IDENTIFICATION NO. OF ABOVE PERSON

Essex Woodlands Health Ventures VII, L.L.C.

2 CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP

- (a) " (b) x
- **3** SEC USE ONLY

4 CITIZENSHIP OR PLACE OF ORGANIZATION

Delaware

5 SOLE VOTING POWER

NUMBER OF

SHARES1,203,1826SHARED VOTING POWER

BENEFICIALLY

OWNED BY -0-FACH 7 SOLE DISPOSITIVE POWER

REPORTING

PERSON1,203,1828SHARED DISPOSITIVE POWER

WITH

-0-

11 PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW (9)

2.9%

12 TYPE OF REPORTING PERSON

00

Page 8 of 21 Pages

1 NAME OF REPORTING PERSON

S.S. OR I.R.S. IDENTIFICATION NO. OF ABOVE PERSON

James L. Currie

2 CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP

(a) " (b) x

3 SEC USE ONLY

4 CITIZENSHIP OR PLACE OF ORGANIZATION

United States

5 SOLE VOTING POWER

NUMBER OF

SHARES 6 SHARED VOTING POWER

BENEFICIALLY

OWNED BY 2,150,000 FACH 7 SOLE DISPOSITIVE POWER

REPORTING

PERSON 8 SHARED DISPOSITIVE POWER WITH

2,150,000

11 PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW (9)

5.1%

12 TYPE OF REPORTING PERSON

IN

Page 9 of 21 Pages

1 NAME OF REPORTING PERSON

S.S. OR I.R.S. IDENTIFICATION NO. OF ABOVE PERSON

Martin P. Sutter

2 CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP

- (a) " (b) x
- **3** SEC USE ONLY

4 CITIZENSHIP OR PLACE OF ORGANIZATION

United States

5 SOLE VOTING POWER

NUMBER OF

SHARES 6 SHARED VOTING POWER

BENEFICIALLY

OWNED BY 2,150,000 FACH 7 SOLE DISPOSITIVE POWER

REPORTING

PERSON162,3728SHARED DISPOSITIVE POWER

WITH

2,150,000

11 PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW (9)

5.4%

12 TYPE OF REPORTING PERSON

IN

Page 10 of 21 Pages

1 NAME OF REPORTING PERSON

S.S. OR I.R.S. IDENTIFICATION NO. OF ABOVE PERSON

Immanuel Thangaraj

2 CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP

(a) " (b) x

3 SEC USE ONLY

4 CITIZENSHIP OR PLACE OF ORGANIZATION

United States

5 SOLE VOTING POWER

NUMBER OF

SHARES 6 SHARED VOTING POWER

BENEFICIALLY

OWNED BY 2,150,000 FACH 7 SOLE DISPOSITIVE POWER

REPORTING

PERSON 8 SHARED DISPOSITIVE POWER WITH

2,150,000

11 PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW (9)

5.1%

12 TYPE OF REPORTING PERSON

IN

Page 11 of 21 Pages

1 NAME OF REPORTING PERSON

S.S. OR I.R.S. IDENTIFICATION NO. OF ABOVE PERSON

Jeff Himawan

2 CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP

- (a) " (b) x
- **3** SEC USE ONLY

4 CITIZENSHIP OR PLACE OF ORGANIZATION

United States

5 SOLE VOTING POWER

NUMBER OF

SHARES 6 SHARED VOTING POWER

BENEFICIALLY

OWNED BY 2,150,000 FACH 7 SOLE DISPOSITIVE POWER

REPORTING

PERSON 8 SHARED DISPOSITIVE POWER WITH

2,150,000

11 PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW (9)

5.1%

12 TYPE OF REPORTING PERSON

IN

Page 12 of 21 Pages

1 NAME OF REPORTING PERSON

S.S. OR I.R.S. IDENTIFICATION NO. OF ABOVE PERSON

Petri Vainio

2 CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP

(a) " (b) x

3 SEC USE ONLY

4