Cardiovascular Systems Inc Form 4 September 06, 2013

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

**OMB** Number:

3235-0287

Expires:

5. Relationship of Reporting Person(s) to

(Check all applicable)

Issuer

January 31, 2005

0.5

Estimated average burden hours per

response...

**OMB APPROVAL** 

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES** 

Form 4 or Form 5 obligations may continue. See Instruction

Check this box

if no longer

subject to

Section 16.

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

2. Issuer Name and Ticker or Trading

Cardiovascular Systems Inc [CSII]

Symbol

1(b).

(Print or Type Responses)

LAWLOR AUGUSTINE

1. Name and Address of Reporting Person \*

							(C	песк ан арриса	bie)		
(Last)	(First)	(Middle)	3. Date of	f Earliest Ti	ansaction						
			(Month/D	ay/Year)			_X_ Director	1	0% Owner		
55 CAMBR	IDGE		09/04/2	013			Officer (g	give title Other (specify			
PARKWAY	, SUITE 301		07/01/2	07/04/2013				below)			
IAKKWAI	, 301112 301										
(Street)			4. If Amendment, Date Original				6. Individual or Joint/Group Filing(Check				
			Filed(Month/Day/Year)			Applicable Line)					
` '							_X_ Form filed by One Reporting Person				
CAMBRID	GE MA 02142						Form filed by More than One Reporting				
CAMBRIDGE, MA 02142  Person  Person											
(City)	(State)	(Zip)	Tobl	o I Non I	<b>N</b> orivotivo	Socurities A	cquired, Disposed	l of or Ronofic	ially Ownad		
·		_	1 avi	e i - Moli-L	ciivanve	Securities A	equileu, Dispose	i oi, oi beneile	iany Owned		
1.Title of	2. Transaction Da	ate 2A. Deer	med	3.	4. Securi	ties	5. Amount of	6.	7. Nature of		
Security	(Month/Day/Yea	r) Executio	n Date, if	Transactio	onAcquired	d (A) or	Securities	Ownership	Indirect		
(Instr. 3)		any		Code	Disposed	d of (D)	Beneficially	Form: Direct	Beneficial		
		(Month/l	Day/Year)	(Instr. 8)	(Instr. 3,	4 and 5)	Owned	(D) or	Ownership		
			•				Following	Indirect (I)	(Instr. 4)		
							Reported	(Instr. 4)	,		
						(A)	Transaction(s)	,			
						or	(Instr. 3 and 4)				
				Code V	Amount	(D) Price	(Institute und 1)				
Common							11 245	D			
Stock							11,345	D			
									By		
Common									HealthCare		
							361,235	I			
Stock									Ventures VI,		
									L.P. <u>(1)</u>		
									<b>D</b>		
									By		
Common							74 (70	T	HealthCare		
Stock							74,670	I	Ventures		
Stock											
									VIII, L.P. <u>(2)</u>		

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.

SEC 1474 (9-02)

# 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)	Securities	e Expiration I (Month/Day	6. Date Exercisable and Expiration Date (Month/Day/Year)  7. Title and An Underlying Sec (Instr. 3 and 4)		Securities	8. Pr Deri Secu (Inst
				Code V	(A) (D	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Restricted Stock Units	(3)					(3)	(3)	Common Stock	3,977	
Restricted Stock Units	(3)					(3)	<u>(3)</u>	Common Stock	11,628	
Restricted Stock Units	(3)					(3)	(3)	Common Stock	21,739	
Restricted Stock Units	(3)					(3)	<u>(3)</u>	Common Stock	7,192	
Restricted Stock Units	(3)					(3)	(3)	Common Stock	10,917	
Restricted Stock Units	<u>(4)</u>	09/04/2013		A	4,580	<u>(4)</u>	<u>(4)</u>	Common Stock	4,580	9

# **Reporting Owners**

Reporting Owner Name / Address	Relationships					
	Director	10% Owner	Officer	Other		
LAWLOR AUGUSTINE 55 CAMBRIDGE PARKWAY SUITE 301 CAMBRIDGE, MA 02142	X					

Reporting Owners 2

### **Signatures**

/s/ Jeffrey S. Points as Attorney-in-Fact for Augustine Lawlor pursuant to Power of Attorney previously filed.

09/06/2013

\*\*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).
- 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 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 general partner of HealthCare Partners VIII, 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 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 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 termination of each director's board membership; provided, however, that the restricted stock units vest in quarterly amounts of 1,145 on each of September 30, 2013, December 31, 2013, March 31, 2014 and June 30, 2014.

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.

Signatures 3