Edgar Filing: Cardiovascular Systems Inc - Form 4/A

Cardiovascula Form 4/A	ar Systems Inc										
October 09, 2	015										
FORM	Л									PPROVAL	
	UNITED	STATES			ND EXC D.C. 205		IGE (COMMISSION	OMB Number:	3235-0287	
Check this if no longe subject to Section 16 Form 4 or	F CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES						Expires:January 31 2005Estimated average burden hours per response0.5				
Form 5 obligation may contin <i>See</i> Instruct 1(b).	$\frac{1}{1}$ Section 17(a) of the l		ility Hold	ing Com	pany	Act of	e Act of 1934, f 1935 or Sectio 40	n		
(Print or Type R	esponses)										
1. Name and Address of Reporting Person <u>*</u> Martin David			2. Issuer Name and Ticker or Trading Symbol Cardiovascular Systems Inc [CSII]					5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
(Last) (First) (Middle) 1225 OLD HIGHWAY 8 NW			3. Date of Earliest Transaction (Month/Day/Year) 08/27/2015					X Director 10% Owner X Officer (give title 0ther (specify below) President and CEO			
Filed(M 08/31.				If Amendment, Date Original led(Month/Day/Year) 8/31/2015				 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting 			
ST. PAUL, N	MN 55112							Person		porting	
(City)	(State)	(Zip)	Table	e I - Non-D	erivative S	ecurit	ies Acq	uired, Disposed of	f, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction Dat (Month/Day/Year)	Executio any		Code	4. Securit on(A) or Dis (D) (Instr. 3, 4 Amount	sposed	of	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	18,957 (1) (2)	D	\$0	480,203	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	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exer	cisable and	7. Title and	8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transactio	onNumber	Expiration D	ate	Amount of	Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day	/Year)	Underlying	Security	Secu
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Securities	(Instr. 5)	Bene
	Derivative				Securities			(Instr. 3 and 4)		Owne
	Security				Acquired					Follo
					(A) or					Repo
					Disposed					Trans
					of (D)					(Instr
					(Instr. 3,					
					4, and 5)					
								Amount		
								Amount		
						Date	Expiration	or Title Number		
						Exercisable	Date	of		
				Code V	(A) (D)			Shares		
				Code v	(A) (D)			Shares		
Dene	ting O									

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Reporting Owners

Reporting Owner Name / Address		R	elationships	
	Director	10% Owner	Officer	Other
Martin David 1225 OLD HIGHWAY 8 NW ST. PAUL, MN 55112	Х		President and CEO	

Signatures

/s/ Amanda Schmall as Attorney-in-Fact for David L. Martin pursuant to Power of Attorney previously filed. 10/09/2015

**Signature of Reporting Person

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 for fiscal 2015 versus the Company's peer group.

This amendment is being filed to correct an administrative error in calculating the number of shares forfeited as disclosed in the original (2) filing. As a result, fewer shares were forfeited than previously reported, and the amount of securities beneficially owned following the

reported transaction has been increased accordingly.

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.

Date