Edgar Filing: Parisi Paige - Form 4

Parisi Paige											
Form 4											
March 05, 20	008										
FORM	14								-	PPROVAL	
	UNITE	D STATES		ITIES A hington,			NGE (COMMISSION	OMB Number:	3235-0287	
Check thi									Expires:	January 31,	
subject to	if no longer subject to STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF					NERSHIP OF	•	2005			
Section 1							Estimated average burden hours per				
Form 4 o	n 4 or							response 0.5			
Form 5 obligation	*						-	ge Act of 1934,			
may cont	Nection 1			•	•	- ·		of 1935 or Sectio	n		
See Instru		30(h)) of the Inv	vestment	Company	y Act	of 19	40			
1(b).											
(Print or Type F	Responses)										
1. Name and A	ddress of Reporti	ng Person <u>*</u>	2. Issuer	Name and	Ticker or 7	Гradin	g	5. Relationship of	Reporting Per	son(s) to	
			Symbol	-				Issuer			
			AVID T] (Check all applicable)			
(Last)	(First)	(Middle)	3 Date of	Earliest Tra	ansaction			(Chec	sk all applicable	e)	
			(Month/Da		ansaction			Director	10%	b Owner	
46 TROWB	RIDGE STRE	ET	03/03/20	•				Officer (give	e title Oth	er (specify	
								below)	below) General Couns	al	
	(6,)										
				. If Amendment, Date Original				6. Individual or Joint/Group Filing(Check			
			Filed(Mon	th/Day/Year))			Applicable Line) _X_ Form filed by (One Reporting Pa	erson	
CAMBRID	GE, MA 02138	3						Form filed by N Person			
(City)	(State)	(Zip)	Table	e I - Non-D	erivative S	Securi	ties Ac	quired, Disposed of	f, or Beneficial	lly Owned	
1.Title of	2. Transaction I	Date 2A. Dee	emed	3.	4. Securi				6. Ownership	7. Nature of	
Security	(Month/Day/Ye		on Date, if		onAcquired				Form: Direct	Indirect	
(Instr. 3)		any (Month	Code Disposed of (D) /Day/Year) (Instr. 8) (Instr. 3, 4 and 5)			5		Beneficial Ownership			
		(ivionini	(Duy) I cur)	(111501.0)	(1150.5,	i unu	5)		(Instr. 4)	(Instr. 4)	
						(A)		Reported			
						(A) or		Transaction(s)			
				Code V	Amount	(D)	Price	(Instr. 3 and 4)			
Common Stock	03/03/2008			А	8,000 (1)	А	\$0	12,935	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)

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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. Number of orDerivative 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 Underlying Securitie (Instr. 3 and 4)	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amou or Numb of Sha
Employee Stock Option (right to buy)	\$ 24.04	03/03/2008		A	18,000	09/03/2008 <u>(2)</u>	03/03/2018	Common Stock	18,0

Reporting Owners

Reporting Owner Name / Address	Relationships						
F B	Director	10% Owner	Officer	Other			
Parisi Paige 46 TROWBRIDGE STREET CAMBRIDGE, MA 02138			VP & Gene	ral Counsel			
Signatures							
/s/ John S. LaMountain as Pow Parisi	ge	03/05/2008					

******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 restricted stock unit award that includes 3,200 shares which will vest in four equal annual installments, and 4,800 shares which will vest on a performance-based schedule tied to the Company's stock price and/or the achievement of certain financial metrics.

Date

(2) 12.5% of the option becomes exercisable on the date listed in the "Date Exercisable" column; the remaining 87.5% becomes exercisable in 42 equal monthly installments thereafter.

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.