

Cardiovascular Systems Inc  
 Form 3/A  
 February 18, 2016

**FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION**  
**Washington, D.C. 20549**

OMB APPROVAL

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**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 *		2. Date of Event Requiring Statement	3. Issuer Name <b>and</b> Ticker or Trading Symbol	
Â Camber Capital Management LLC		(Month/Day/Year)	Cardiovascular Systems Inc [CSII]	
(Last)	(First)	01/22/2016		
101 HUNTINGTON AVENUE,Â SUITE 2550			4. Relationship of Reporting Person(s) to Issuer	5. If Amendment, Date Original Filed(Month/Day/Year)
(Street)			(Check all applicable)	01/26/2016
BOSTON,Â MAÂ 02199			<input type="checkbox"/> Director	6. Individual or Joint/Group Filing(Check Applicable Line)
(City)	(State)		<input checked="" type="checkbox"/> 10% Owner	<input checked="" type="checkbox"/> Form filed by One Reporting Person
	(Zip)		<input type="checkbox"/> Officer	<input type="checkbox"/> Form filed by More than One Reporting Person
			(give title below)	(specify below)

**Table I - Non-Derivative Securities Beneficially Owned**

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
Common Stock	3,850,000	I	See Footnotes <sup>(1)</sup> <sup>(2)</sup>

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

SEC 1473 (7-02)

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**Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)**

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)	3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)	4. Conversion or Exercise Price of Derivative	5. Ownership Form of Derivative Security:	6. Nature of Indirect Beneficial Ownership (Instr. 5)
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Date Exercisable	Expiration Date	Title	Amount or Number of Shares	Security	Direct (D) or Indirect (I) (Instr. 5)
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## Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
Camber Capital Management LLC 101 HUNTINGTON AVENUE SUITE 2550 BOSTON, MA 02199	^	^ X	^	^

## Signatures

/s/ Stephen  
DuBois

02/18/2016

\*\*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).

(1) Securities reported herein for Camber Capital Management LLC (the "LLC" ) represent Common Stock beneficially owned and held of record by Camber Capital Master Fund, L.P. (the "Master Fund"), another private investment fund (the "Fund") and one managed account (the "Managed Account") for which the LLC serves as the investment manager. Stephen DuBois is the managing member of the LLC and managing member of the general partner for the Fund and the Master Fund. The LLC, the Master Fund, the Fund, the Managed Account, general partner and Mr. DuBois (the "Reporting Persons") are each beneficial owners and have an address of 101 Huntington Avenue, Floor 25, Boston, MA 02199. The Reporting Persons disclaim beneficial ownership, within the meaning of Section 16 of the Securities Exchange Act of 1934, as amended, or otherwise of such portion of the shares in which the Reporting Persons have no actual pecuniary interest therein.

(2) Of the securities reported herein, 3,733,915 shares of Common Stock are held for the account of the Master Fund, 24,704 shares of Common Stock are held for the account of the Fund, and 91,381 shares of Common Stock are held for the account of the Managed Account.

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.