

Reported by ANKA MARTON B

FORM 4

(Statement of Changes in Beneficial Ownership)

Filed 07/25/11 for the Period Ending 07/22/11

Address 320 SUMMER STREET, SUITE 100

BOSTON, MA 02210

Telephone 781-638-9094

CIK 0001420302

Symbol LOGM

SIC Code 7372 - Prepackaged Software

Industry Software & Programming

Sector Technology

Fiscal Year 12/31





] Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

UNITED STATES SECURITIES AND EXCHANGE **COMMISSION**

Washington, D.C. 20549

OMB APPROVAL OMB Number: 3235-0287 Expires: February 28, 2011 Estimated average burden hours per response... 0.5

STATEMENT OF CHANGES IN 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(f) of the Investment Company Act of 1940

1. Name and Address of Reporting Person *					2. Issuer Name and Ticker or Trading Symbol								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
Anka Marton	В					MeIn, I						Diment			100/ 0		
(Last) (First) (Middle)				3	3. Date of Earliest Transaction (MM/DD/YYYY)								Director 10% Owner X Officer (give title below) Other (specify				
C/O LOGMEIN, INC., 500 UNICORN PARK DR.					7/22/2011								hnology	Officer			
(Street)													6. Individual or Joint/Group Filing (Check Applicable Line)				
WOBURN, M (City)	(State)	1 (Zip))											Reporting Pe		n	
		Table l	I - Non-I	Deriv	vati	ve Securit	ies Ac	quir	red, Di	spo	sed of, o	or Beneficially	y Owned	l			
1. Title of Security 2. T			2. Tr Date		2A. Deemed Execution Date, if	Code	3. Trans. Code (Instr. 8) 4. Securities Acquired (A) Disposed of (Instr. 3, 4 ar			or (I) (I		ount of Securities Beneficially Owned ing Reported Transaction(s) 3 and 4)		6. 7. Nature Ownership of Indirect Form: Beneficial Direct (D) Ownership or Indirect (Instr. 4)			
						any	Code	V	Amount	(A) or (D)					(I) (Instr. 4)	(IIIsti. 4)	
Common Stock 7/2				7/22	22/2011 7/22/2011		M		3800	A	\$1.25	699616		D			
Tab	le II - Dei	rivative	Securition	es Be	enef	icially Ov	vned (e.g.	, puts	, cal	lls, warı	ants, options,	, convert	ible secur	rities)		
1. Title of Derivate Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Trans. Date	3A. Deemed Execution Date, if any	4. Trans. Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) Disposed of (Instr. 3, 4 and 5)	6. Da and I or D)	6. Date Exercisable and Expiration Date			7. Title ar	nd Amount of Underlying e Security	8. Price of Derivative Security	9. Number of derivative Securities Beneficially Owned Following Reported	10. Ownership Form of Derivative Security: Direct (D) or Indirect (I) (Instr.	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Code	v	(A) (D)	Date Exer		Expir Date	ation	Title	Amount or Number of Shares		Transaction (s) (Instr. 4)	(4)		
Stock Option (Right to Buy)	\$1.25	7/22/2011	7/22/2011	М		3800		(1)	12/9/	2014	Common Stock	3800	\$0.00	106885	D		

Explanation of Responses:

(1) Vesting of the shares subject to the option commenced on the achievement of certain performance objectives, all of which have been achieved. The shares subject to the option vested in equal annual installments beginning on October 15, 2005, such that 100% of the shares subject to the option were fully vested on October 15, 2008.

Reporting Owners

Reporting Owner Name / Address	Relationships							
Reporting Owner Name / Address	Director	10% Owner	Officer	Other				
Anka Marton B C/O LOGMEIN, INC., 500 UNICORN PARK DR.			Chief Technology Officer					
WOBURN, MA 01801								

Michael J. Donahue, attorney-in-fact

7/25/2011

** Signature of Reporting Person

Date

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

- * 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).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

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.