

Reported by ANKA MARTON B

FORM 4

(Statement of Changes in Beneficial Ownership)

Filed 12/28/11 for the Period Ending 12/27/11

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

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2011

Estimated average burden

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP hours per response... 0.5 **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								g Sym		5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
Anka Marton 1	В					gMeIn,													
(Last) (First) (Middle)					3. Date of Earliest Transaction (MM/DD/YYYY)									Υ)	Director 10% Owner				
													X below)	X Officer (give title below) Other (specify below)			r (specify		
C/O LOGMEIN, INC., 500															Technology	Officer			
UNICORN PA	RK DI	R.																	
(Street)															6. Individual or Joint/Group Filing (Check Applicable Line)				
WOBURN, MA	A 0180	1												W 15		D : D			
(City) (State) (Zip)														_ X _ Form filed by One Reporting Person Form filed by More than One Reporting Person					
		Tab	le I - Noi	n-De	rivat	ive Secu	riti	ies A	.cq	uired	, Dis	pose	ed of,	or Benefic	cially Owned	l			
1.Title of Security (Instr. 3) 2. T Date			Trans.	2A. Deemed Execution Date, if	n	3. Trans. Code (Instr. 8)		4. Securities A or Disposed o (Instr. 3, 4 and		of (D) Owne			amount of Securities Beneficially ned Following Reported Transaction(s) tr. 3 and 4)		Ownership Form: Direct (D) or Indirect	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
								Code	v	Amoun	(A) or (D)	Pi	rice				(I) (Instr. 4)		
Common Stock				12/	27/201	1 12/27/20	11	s		4384 (1)	D	\$39.4	04 (2)		647008		D		
Table	e II - De	rivati	ve Secur	ities	Bene	ficially (Эw	vned	(e	. <i>g</i> . , p	uts,	calls	, war	rants, opt	ions, conver	tible secur	ities)		
(Instr. 3)	2. Conversion or Exercise Price of Derivative Security		Deemed Execution Onte, if any	4. Trans. Code (Instr.	De Sec Ac Dis	Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and		6. Date Exercisable and Expiration Date 7. Title and Amot Securities Underly Derivative Securi (Instr. 3 and 4)				rities Unitarities Suntarities	nderlying ecurity 4)	Derivative Security (Instr. 5)		Ownership of Form of Derivative O	Beneficial		
				Code	V (A	A) (D)	- 1	Date Exercisable			ration	Title Shares		nt or Number	Number of (s) (Instr. 4				

Explanation of Responses:

- (1) Sales made pursuant to a 10(b)5-1 plan adopted by the Reporting Person in accordance with Rule 10(b)5-1 of the Securities Exchange Act of 1934, as amended.
- (2) The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$39.07 to \$39.87, inclusive. Upon the request of any security holder of the Issuer, or the staff of the Securities and Exchange Commission, full information regarding the number of shares sold at each separate price within the ranges set forth in this Form 4 shall be provided.

Reporting Owners

Paparting 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								

Signatures

Michael J. Donahue, attorney-in-fact

12/28/2011

** 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.