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CUBIST PHARMACEUTICALS INC

Form 4

August 18, 2014

FORM 4

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

SECURITIES

OMB Number:

3235-0287

Expires:

January 31, 2005

0.5

Estimated average

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if no longer subject to Section 16. Form 4 or Form 5 obligations

may continue.

See Instruction

Check this box

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

1(b).

(Last)

(City)

(Print or Type Responses)

1. Name and Address of Reporting Person * Hutson Nancy J

(First)

(Street)

(State)

2. Issuer Name and Ticker or Trading Symbol

CUBIST PHARMACEUTICALS

5. Relationship of Reporting Person(s) to

Issuer

below)

INC [CBST]

_X__ Director 10% Owner

Officer (give title

(Check all applicable)

Other (specify

3. Date of Earliest Transaction (Month/Day/Year)

08/18/2014

65 HAYDEN AVENUE

(Middle)

(Zip)

4. If Amendment, Date Original

Filed(Month/Day/Year)

6. Individual or Joint/Group Filing(Check

Applicable Line)

X Form filed by One Reporting Person Form filed by More than One Reporting

Person

LEXINGTON, MA 02421

(State) (A	Table	e I - Non-Do	erivative S	Securi	ties Ac	quired, Disposed	of, or Beneficial	lly Owned
2. Transaction Date	2A. Deemed	3.	4. Securi	ties		5. Amount of	6. Ownership	7. Nature of
(Month/Day/Year)	Execution Date, if	TransactionAcquired (A) or			r	Securities	Form: Direct	Indirect
	any	Code	Disposed of (D)		Beneficially	(D) or	Beneficial	
	(Month/Day/Year)	(Instr. 8)	(Instr. 3, 4 and 5)		Owned	Indirect (I)	Ownership	
					Following	(Instr. 4)	(Instr. 4)	
				(A)		Reported		
					Transaction(s)			
		Code V	Amount		Price	(Instr. 3 and 4)		
00/10/0014		3.7	0.000		Φ.Ω	14051	ъ	
08/18/2014		M	9,000	Α	\$ 0	14,951	D	
08/18/2014		S <u>(1)</u>	9,000	D	\$ 65	5,951	D	
	2. Transaction Date (Month/Day/Year) 08/18/2014	2. Transaction Date (Month/Day/Year) 2A. Deemed Execution Date, if any (Month/Day/Year) 08/18/2014	2. Transaction Date (Month/Day/Year) Execution Date, if any Code (Month/Day/Year) (Month/Day/Year) Code (Instr. 8) Code V 08/18/2014 M	2. Transaction Date (Month/Day/Year) Execution Date, if any (Month/Day/Year) (Month/Day/Year) (Instr. 8) (Instr. 3, Code V Amount M 9,000	2. Transaction Date (Month/Day/Year) Execution Date, if any (Month/Day/Year) (Month/Day/Year) (Instr. 8) (Instr. 3, 4 and (A) or Code V Amount (D) (D8/18/2014) M 9,000 A	2. Transaction Date (Month/Day/Year) Execution Date, if any (Month/Day/Year) (Month/Day/Year) (Month/Day/Year) (Instr. 8) (Instr. 3, 4 and 5) Code V Amount (D) Price 08/18/2014 M 9,000 A \$ 0	2. Transaction Date (Month/Day/Year) Execution Date, if any (Month/Day/Year) (Month/Day/Year) (Instr. 8) (Instr. 3, 4 and 5) Owned Following Reported Transaction(s) (Instr. 3 and 4) Code V Amount (D) Price Table 1 - Non-Derivative Securities Acquired, Disposed 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) Code V Amount (D) Price	2. Transaction Date (Month/Day/Year)

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

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Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	4. Transactic Code (Instr. 8)	5. Number proof Derivative 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 of Underlying Securities (Instr. 3 and 4)	
			Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Stock Options (Right to Buy)	\$ 18.22	08/18/2014	M	9,000	06/04/2010(2)	06/04/2019	Common Stock	9,000

Reporting Owners

Reporting Owner Name / Address	Relationships					
Troporting of the France, France,	Director	10% Owner	Officer	Other		
Hutson Nancy J 65 HAYDEN AVENUE	X					
LEXINGTON, MA 02421	74					

Signatures

/s/ Joseph L. Farmer - Attorney in fact 08/18/2014

**Signature of Reporting Person Date

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) Sold pursuant to a Rule 10(b)5-1 Plan
- (2) Options vest 100% on the earlier of the first anniversary of the grant date or the date of the Company's 2010 Annual Meeting of Stockholders.

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.

Reporting Owners 2