Edgar Filing: MEDICINES CO /DE - Form 4

MEDICINES	CO /DE											
Form 4												
May 31, 2016	Ď											
FORM	Δ									PPROVAL		
UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549							OMB Number:	3235-0287				
Check this	ar .								Expires:	January 31,		
subject to	subject to STATEMENT OF CHANG					CIA	LOW	NERSHIP OF	Estimated a	2005 average		
Section 16	5 .	SEC				ECURITIES				burden hours per		
Form 4 or									response	0.5		
Form 5 obligation	~ ^						-	ge Act of 1934,				
may conti				•	•	- ·		of 1935 or Sectio	n			
See Instru	ction	30(h)	of the Inv	vestment (Company	y Act	of 19	40				
1(b).												
(Print or Type R	esponses)											
1 Nama and A	Iduara of Donautina	Dancon *	• •					5 Deletionship of	f Donorting Dor	aan(a) to		
	dress of Reporting IZABETH H S			suer Name and Ticker or Trading ol DICINES CO /DE [MDCO]				5. Relationship of Reporting Person(s) to Issuer				
			Symbol MEDICI									
IVI					L	DCU	J	(Check all applicable)				
(Last)	(First) (I	Middle)		Earliest Tra	ansaction				100			
				Month/Day/Year) 5/26/2016				X_ Director 10% Owner Officer (give title Other (specify				
OSILVAN	WAI		03/20/20)10				below)	below)			
(Street) 4. If Ar			4. If Amer	Amendment, Date Original				6. Individual or Joint/Group Filing(Check				
Filed(Mon				nth/Day/Year)				Applicable Line)				
								X Form filed by Form filed by N	One Reporting Po More than One Ro			
PARSIPPAN	IY, NJ 07054							Person		porting		
(City)	(State)	(Zip)	Table	e I - Non-Do	erivative S	Securi	ties Ac	quired, Disposed o	f, or Beneficia	lly Owned		
1.Title of	2. Transaction Dat	e 2A. Deer	med	3.	4. Securi	ties		5. Amount of	6. Ownership	7. Nature of		
Security	(Month/Day/Year)	(Month/Day/Year) Execution Date,			· · · · ·				Form: Direct	Indirect		
(Instr. 3) any (Month/Da			CodeDisposed of (D)Day/Year)(Instr. 8)(Instr. 3, 4 and 5)					Beneficially Owned	(D) or Indirect (I)	Beneficial Ownership		
		(WOIIII/I	Jay/ Teat)	(111501.0)	(111501. 5,	4 anu	3)	Following	(Instr. 4)	(Instr. 4)		
						(A)		Reported		. ,		
						or		Transaction(s)				
				Code V	Amount	(D)	Price	(Instr. 3 and 4)				
Common	05/26/2016			А	3,426	А	\$0	42,396	D			
Stock					(1)		ΨŪ	,070	_			

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. Transacti Code (Instr. 8)	5. Number 6. Date Exercisable ar prof Derivative Expiration Date Securities (Month/Day/Year) Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		Date	7. Title and Amount o Underlying Securities (Instr. 3 and 4)	
				Code V	(A) (I) Date Exercisable	Expiration Date	Title	Amoun or Number of Shares
Stock Option (right-to-buy)	\$ 37.22	05/26/2016		А	9,700	(2)	05/26/2026	Common Stock	9,700

Reporting Owners

Reporting Owner Name / Address		Relationsh			
1 8	Director	10% Owner	Officer	Other	
WYATT ELIZABETH H S 8 SYLVAN WAY PARSIPPANY, NJ 07054	Х				
Signatures					
/s/ Stephen M. Rodin, Attorney Wyatt	05/31/2016				
<u>**</u> Signature of Rep	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) This restricted stock award vests on May 26, 2017 and is made as part of and pursuant to Issuer's director compensation package.
- (2) This option vests in one installment on May 26, 2017 and is made as part of and pursuant to Issuer's director compensation package.

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.