Edgar Filing: ACHILLION PHARMACEUTICALS INC - Form 4

ACHILLION PHARMACEUTICALS INC

Form 4

January 27, 2016

FORM 4

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

OMB Number:

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January 31, 2005

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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

obligations may continue.

Check this box

if no longer

subject to

Section 16.

Form 4 or

Form 5

See Instruction 1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person *

Graves Kurt

(Last) (First) (Middle)

C/O ACHILLION PHARMACEUTICALS, INC., 300

GEORGE STREET

(Street) 4. If Amendment, Date Original Filed(Month/Day/Year)

NEW HAVEN, CT 06511

2. Issuer Name and Ticker or Trading

30(h) of the Investment Company Act of 1940

Symbol

ACHILLION

PHARMACEUTICALS INC

[ACHN]

3. Date of Earliest Transaction

(Month/Day/Year) 01/25/2016

5. Relationship of Reporting Person(s) to

(Check all applicable)

10% Owner

Other (specify

6. Individual or Joint/Group Filing(Check Applicable Line)

X_ Director

Officer (give title

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

(Instr. 4)

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

Issuer

below)

(City) (State)

1.Title of

Security

(Instr. 3)

(Zip)

2. Transaction Date 2A. Deemed (Month/Day/Year) Execution Date, if any

(Month/Day/Year)

3. 4. Securities TransactionAcquired (A) or Code Disposed of (D) (Instr. 8)

Code V Amount (D)

(Instr. 3, 4 and 5)

(A)

or

Price

Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)

5. Amount of

Securities

6. Ownership 7. Nature of Indirect Form: Direct (D) or Indirect Beneficial

Ownership (Instr. 4)

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

Persons who respond to the collection of **SEC 1474** information contained in this form are not (9-02)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 of orDerivative 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 Option (Right to Buy)	\$ 7.54	01/25/2016		A	30,000	<u>(1)</u>	01/25/2026	Common Stock	30,000

Reporting Owners

Reporting Owner Name / Address

Director 10% Owner Officer Other

ourt

Graves Kurt C/O ACHILLION PHARMACEUTICALS, INC. 300 GEORGE STREET NEW HAVEN, CT 06511



Signatures

/s/ Mary Kay Fenton, attorney-in-fact

01/27/2016

**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) Such option grant vests as to 25% on the date of grant and as to an additional 2.08% at the end of each monthly period thereafter.

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.

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