Berriman John E Form 4 June 19, 2009

FORM 4

Check this box

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

if no longer STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF subject to **SECURITIES** Section 16. Form 4 or Form 5

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 See Instruction

1(b).

(Print or Type Responses)

CAMBRIDGE, MA 02142

obligations

may continue.

1. Name and Address of Reporting Person * 5. Relationship of Reporting Person(s) to 2. Issuer Name and Ticker or Trading

Berriman John E Issuer Symbol

MICROMET, INC. [MITI] (Check all applicable)

(Last) (First) (Middle) 3. Date of Earliest Transaction

(Month/Day/Year) X_ Director 10% Owner Officer (give title Other (specify **ALNYLAM** 06/17/2009

below) PHARMACEUTICALS, INC., 300 THIRD STREET

(Street) 4. If Amendment, Date Original 6. Individual or Joint/Group Filing(Check

> Filed(Month/Day/Year) Applicable Line)

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

(City) (State) (Zip) Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of 2. Transaction Date 2A. Deemed 3. 4. Securities 5. Amount of 6. Ownership 7. Nature of Security (Month/Day/Year) Execution Date, if TransactionAcquired (A) or Securities Form: Direct Indirect (Instr. 3) Code Disposed of (D) Beneficially (D) or Indirect Beneficial (Instr. 3, 4 and 5) (Instr. 8) Owned (I) Ownership

(Month/Day/Year) Following (Instr. 4) (Instr. 4) Reported

(A) Transaction(s) or (Instr. 3 and 4) Code V Amount (D) Price

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)

3. Transaction Date 3A. Deemed 1. Title of 5. Number of 6. Date Exercisable and 7. Title and Amount of (Month/Day/Year) Execution Date, if TransactionDerivative **Expiration Date** Underlying Securities Derivative Conversion

OMB APPROVAL

3235-0287

January 31,

2005

0.5

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Number:

Expires:

response...

Estimated average

burden hours per

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Code

Securities

(Month/Day/Year)

(Instr. 3 and 4)

(Instr. 3)	Price of Derivative Security		(Month/Day/Year)	(Instr. 8)		Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		(intonui) Day, i cai		(msu. 3 unu	.,
				Code	V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Share
Stock Option (right to	\$ 4.51	06/17/2009(1)		A		15,000 (2)		07/17/2009(3)	06/16/2019	Common Stock	15,000

Reporting Owners

or Exercise

Reporting Owner Name / Address Relationships

anv

Director 10% Owner Officer Other

Berriman John E ALNYLAM PHARMACEUTICALS, INC. 300 THIRD STREET CAMBRIDGE, MA 02142



Signatures

Security

buy)

/s/ Ethan Danfer, Attorney-in-Fact 06/19/2009

**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) This option was granted in accordance with the issuer's director compensation policy, which provides for the grant of options as of the date of the issuer's annual meeting of stockholders.
- Pursuant to the issuer's director compensation policy, the reporting person was granted a non-qualified stock option to purchase 15,000 shares of the issuer's common stock on the date of the issuer's annual meeting of stockholders.
- (3) This option vests in 12 equal monthly installments, beginning one month from the date of grant.

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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