Edgar Filing: MEDICINES CO /DE - Form 4

MEDICINES	S CO /DE												
Form 4													
June 01, 2015	5												
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION										OMB APPROVAL			
CURIVI 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549									OMB Number:	3235-0287 January 31,			
Check this box													
if no longer subject to STATEMENT OF CHANG				GES IN BENEFICIAL OWN				NERSHIP OF	Expires:	2005			
Section 16.				SECURITIES					Estimated average burden hours per				
	Form 4 or								response	•			
Form 5 obligatior	1 0							ge Act of 1934,					
may conti				•	•	- ·		of 1935 or Sectio	n				
See Instru	iction	30(h)	of the Inv	vestment (Company	y Act	of 19	40					
1(b).													
(Print or Type R	Responses)												
Spigelman Melvin K Symbol			er Name and Ticker or Trading				5. Relationship of Reporting Person(s) to Issuer						
			-	INES CO	/DE [M]	DCO	1						
(Last)	(Last) (First) (Middle) 3. Date of				ansaction		-	(Check all applicable)					
(Month/D			(Month/Da					X Director 10% Owner					
			05/28/20	015				Officer (give title Other (specify below)					
	(Street)		1 If Amer	4. If Amendment, Date Original									
			nth/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person						
PARSIPPAN	NY, NJ 07054								More than One Re				
(City)	(State)	(Zip)	Table	e I - Non-De	erivative S	Securi	ties Ac	quired, Disposed o	f, or Beneficial	lly Owned			
1.Title of Security (Instr. 3)2. Transaction Date (Month/Day/Year)2A. Deemed Execution Date, if any (Month/Day/Year)			3.4. SecuritiesTransactionAcquired (A) orCodeDisposed of (D)(Instr. 8)(Instr. 3, 4 and 5)				Securities Beneficially Owned	5. Ownership Form: Direct (D) or Indirect (I) [Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)				
						(A) or		Transaction(s)					
				Code V	Amount	(D)	Price	(Instr. 3 and 4)					
Common Stock	05/28/2015			А	4,531 (1)	А	\$0	38,970	D				

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)

Edgar Filing: MEDICINES CO /DE - Form 4

1. Title of	2.	3. Transaction Date	3A. Deemed	4.		5. Number	of	6. Date Exer	cisable and	7. Title and A	Amount
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transac	TransactionDerivative		Expiration Date		Underlying Securitie		
Security	or Exercise		any	Code		Securities		(Month/Day/Year)		(Instr. 3 and 4)	
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8	3)	Acquired (uired (A)				
	Derivative					or Dispose	ed of				
	Security					(D)					
						(Instr. 3, 4	,				
						and 5)					
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amou or Numb of Sha
Stock Option (right-to-buy)	\$ 28.14	05/28/2015		А		11,512		(2)	05/28/2025	Common Stock	11,5

Reporting Owners

Reporting Owner Name / Address	Relationships								
I O	Director	10% Owner	Officer	Other					
Spigelman Melvin K 8 SYLVAN WAY PARSIPPANY, NJ 07054	Х								
Cignoturoo									

Signatures

/s/ Stephen M. Rodin, Attorney-in-Fact for Melvin K. 06/01/2015 Spigelman **Signature of Reporting Person

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 28, 2016 and is made as part of and pursuant to Issuer's director compensation package.

(2) This option vests in one installment on May 28, 2016 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.

Date