MEDICINES CO/DE

Form 4 March 02, 2017

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

Check this box if no longer subject to Section 16. Form 4 or

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES**

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OMB APPROVAL

3235-0287

January 31,

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Number:

Form 5 obligations may continue. See Instruction 1(b).

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

(Print or Type Responses)

1. Name and Address of Reporting Person * Rodin Stephen M

2. Issuer Name and Ticker or Trading Symbol

5. Relationship of Reporting Person(s) to Issuer

(Last)

(First) (Middle) MEDICINES CO /DE [MDCO]

below)

C/O THE MEDICINES

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

Director 10% Owner Other (specify X_ Officer (give title

(Check all applicable)

COMPANY, 8 SYLVAN WAY

4. If Amendment, Date Original

EVP and General Counsel 6. Individual or Joint/Group Filing(Check

Applicable Line)

(Street) Filed(Month/Day/Year)

02/28/2017

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

Person

PARSIPPANY, NJ 07054

(City)	(State)	(Zip) Table	e I - Non-D	erivative	Secur	rities Acqu	uired, Disposed o	f, or Beneficial	ly Owned
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transactic Code (Instr. 8)	4. Securi on(A) or D (Instr. 3,	ispose 4 and (A) or	d of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
Common Stock	02/28/2017		A	320 (1)	` /	\$ 33.12	17,900	D	
Common Stock	03/01/2017		A	6,832 (2)	A	\$ 0	24,732	D	
Common Stock	03/02/2017		F	1,038 (3)	D	\$ 52.4	23,694	D	

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

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number.

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)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transactic 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 Underlying Securition (Instr. 3 and 4)	
					Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amou or Numb of Sha
	ck Option ht-to-buy)	\$ 52.7	03/01/2017		A	42,159	<u>(4)</u>	03/01/2027	Common Stock	42,1

Reporting Owners

Relationships Reporting Owner Name / Address

Director 10% Owner Officer Other

Rodin Stephen M C/O THE MEDICINES COMPANY 8 SYLVAN WAY PARSIPPANY, NJ 07054

EVP and General Counsel

Signatures

/s/ Stephen M. 03/02/2017 Rodin

**Signature of Date 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).
- Shares of common stock acquired pursuant to The Medicines Company Employee Stock Purchase Plan ("ESPP") for the ESPP purchase (1) period beginning September 1, 2016 and ending February 28, 2017. In accordance with the terms of the ESPP, these shares were purchased based on 85% of the fair market value closing price of the issuer's common stock on September 1, 2016.
- (2) Shares of restricted stock vest in 25% increments on each anniversary of the date of grant, until fully vested.
- Shares of common stock were withheld for payment of taxes in connection with the vesting of 2,989 shares of restricted stock from previously reported grants.
- (4) The option vests in forty-eight equal installments beginning April 1, 2017.

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