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HIXSON H	ARRY F JR									
Form 4										
June 19, 200	09									
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION								OMB APPROVAL		
. •	•••• UNITI	ED STATES					COMMISSION	-	3235-0287	
Check th	nis box		W	asnington	, D.C. 205	549		Number:	January 31,	
if no longer which to a STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF					WNEDSHID OF	Expires:	2005			
subject t	.0		F CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES				Estimated average			
Form 4 of						burden hours per response 0.5				
Form 5		pursuant to	Section	16(a) of tl	he Securiti	ies Excha	nge Act of 1934,	response	. 0.5	
obligatio	ons Section	-					of 1935 or Section	n		
may con <i>See</i> Instr	innue.			•	t Company	• •				
1(b).	luction									
(Print or Type	Responses)									
1 Nome and	Address of Deport	ting Dancan *					5 Deletionshin e	f Domonting Do	man(a) to	
	Address of Report		2. Issuer Name and Ticker or Trading Symbol INFINITY PHARMACEUTICALS,			5. Relationship of Reporting Person(s) to Issuer				
111100101										
			INC. [INFI]			(Check all applicable)				
(Last)	(First)	(Middle)	-	of Earliest T	Transaction		X Director	10	% Owner	
(Last)	(First)	(Wildule)		Day/Year)	ransaction		Officer (give		her (specify	
C/O INFIN	ITY		06/17/	•			below)	below)		
	CEUTICALS,	INC., 780	00/1//							
MEMORIA										
	(Street)		4. If Amendment, Date Original			6. Individual or Joint/Group Filing(Check				
× /						Applicable Line)				
							X Form filed by			
CAMBRID	OGE, MA 0213	9					Person	More than One R	eporting	
(City)	(State)	(Zip)	Tal	hle I - Non-	Dorivativo S	Securities A	Acquired, Disposed o	f or Bonoficia	lly Owned	
	2 Transsetion D	No.44 24 Decem							-	
1.Title of Security	2. Transaction D (Month/Day/Yea			3. Transactic	4. Securitie onAcquired (6. Ownership Form: Direct	7. Nature of Indirect	
(Instr. 3)	(111011111211), 10	any	Code					D) or Indirect		
		(Month/D	ay/Year)	(Instr. 8)	(Instr. 3, 4	and 5)		(I)	Ownership	
							Following Reported	(Instr. 4)	(Instr. 4)	
						(A)	Transaction(s)			
				Code V	Amount	or (D) Price	(Instr. 3 and 4)			
					mount					
Reminder: Rep	port on a separate	line for each c	lass of sec	curities bene	ficially own	ed 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)

Reporting Owners

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 on f Derivati Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	ve Expiration (Month/Da	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 Exercisabl	Expiration e Date	Title	Amount or Number of Shares	
Stock Option (right to buy)	\$ 5.63	06/17/2009		А	5,625	<u>(1)</u>	06/17/2019	Common Stock	5,625	

Reporting Owners

Reporting Ow	Relationships					
	Director	10% Owner	Officer	Other		
HIXSON HARRY F C/O INFINITY PHA 780 MEMORIAL DF CAMBRIDGE, MA	Х					
Signatures						
/s/ Harry F. Hixson, Jr.	06/18/2009					
**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) The option vests in equal quarterly installments beginning at the end of the first quarter after the date of grant, provided that the holder continues to serve as a director of the issuer.

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.