INFINITY PHARMACEUTICALS, INC.

Form 4

February 02, 2015

FORM	Л Д							OMB AF	PROVAL	
. 5111	UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549								MB lumber: 3235-0287	
Check t if no lor subject Section Form 4 Form 5	nger to STATEM 16. or	STATEMENT OF CHANGES IN BENEFICIAL OWNE SECURITIES Filed pursuant to Section 16(a) of the Securities Exchange A						Expires: January 31, 2005 Estimated average burden hours per response 0.5		
obligati may con <i>See</i> Inst 1(b).	ons section 170	(a) of the Pub		lding Cor	npan	y Act of 1	935 or Section			
(Print or Type	Responses)									
1. Name and Address of Reporting Person * Perkins Adelene Q			2. Issuer Name and Ticker or Trading Symbol				5. Relationship of Reporting Person(s) to Issuer			
			INFINITY PHARMACEUTICALS, INC. [INFI]				(Check all applicable)			
(Last) (First) (Middle) C/O INFINITY PHARMACEUTICALS, INC., 780 MEMORIAL DRIVE			3. Date of Earliest Transaction (Month/Day/Year) 01/29/2015				_X Director 10% Owner Specify below) Other (specify below) President & CEO			
(Street) CAMBRIDGE, MA 02139			Filed(Month/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person			
(City)	(State)	(Zip)	Table I - Non-	Derivative	Secur	rities Acqui	red, Disposed of,	or Beneficial	y Owned	
1.Title of Security (Instr. 3)	2. Transaction Date 2A. Deemed 3.		4. Securition Dispose (Instr. 3, 4	ed of (5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
			Code V	Amount	(D)	Price	(Instr. 3 and 4)			
Common Stock	01/29/2015		S	20,000 (1)	D	\$ 14.8268 (2)	427,535	D		
Common Stock							6,517.8238	I	By 401(k)	
Reminder: Re	port on a separate line	e for each class o	of securities bene	_			irectly.	on of SI	EC 1474	

information contained in this form are not

required to respond unless the form displays a currently valid OMB control (9-02)

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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	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exerc	cisable and	7. Titl	le and	8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transacti	orNumber	Expiration D	ate	Amou	ınt of	Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Under	rlying	Security	Secui
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Secur	ities	(Instr. 5)	Bene
	Derivative				Securities			(Instr.	3 and 4)		Own
	Security				Acquired						Follo
	·				(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
					(Instr. 3,						`
					4, and 5)						
									Amount		
						Date	Expiration		or		
						Exercisable	•		Number		
						Lacroisdoic	Dute		of		
				Code V	(A) (D)				Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships					
r	Director	10% Owner	Officer	Other		
Perkins Adelene Q C/O INFINITY PHARMACEUTICALS, INC. 780 MEMORIAL DRIVE CAMBRIDGE, MA 02139	X		President & CEO			

Signatures

/s/ Adelene Q.
Perkins

**Signature of Reporting Person

O1/30/2015

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 disposition reported on this Form 4 was effected pursuant to a Rule 10b5-1 trading plan adopted by the reporting person on December 26, 2014.
- The price reported in Column 4 is a weighted average price. The shares were sold in multiple transactions at prices ranging from \$14.50 to \$15.13, inclusive. The reporting person undertakes to provide to Infinity Pharmaceuticals, Inc., any security holder of Infinity Pharmaceuticals, Inc. or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares sold at each separate price within the ranges set forth in this footnote 2.

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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