## Edgar Filing: MEDICINES CO /DE - Form 4

MEDICINES	S CO /DE											
September 0	1, 2005											
FORN	UNITED	STATES				ND EX( D.C. 20:		NGE (	COMMISSION		PROVAL 3235-0287	
Check th if no long subject to Section 1 Form 4 o Form 5 obligation may cont <i>See</i> Instru 1(b).	6. Filed pu ns Section 17	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES 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								January 31, 2005 Estimated average burden hours per response 0.5		
(Print or Type I	Responses)											
KOEHLER STEVEN H Sym			Symbol	2. Issuer Name <b>and</b> Ticker or Trading Symbol MEDICINES CO /DE [MDCO]					5. Relationship of Reporting Person(s) to Issuer			
(Last) THE MEDI CAMPUS D	CINES COMPA	(Middle)	3. Date of (Month/Da 08/31/20	ay/Year		nsaction			Director X Officer (give below)		Owner er (specify	
	(Street)		4. If Amer Filed(Mon			e Original			6. Individual or Jo Applicable Line) _X_ Form filed by 0	One Reporting Pe	erson	
PARSIPPA	NY, NJ 07054								Form filed by M Person	More than One Re	porting	
(City)	(State)	(Zip)	Table	e I - No	n-De	erivative S	Securi	ties Acq	quired, Disposed of	f, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction Da (Month/Day/Year	r) Execution any	emed on Date, if Day/Year)	Code (Instr.	8)	4. Securi n(A) or D (D) (Instr. 3,	ispose 4 and (A) or	d of	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		
Common Stock	08/31/2005			J		399 <u>(1)</u>	. ,	\$ 18.8	2,881	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)

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. Transac Code (Instr. 3	<ol> <li>5.</li> <li>ctionNumber of</li> <li>8) Derivative Securitie Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)</li> </ol>	(Month/Day /e s l	Date	Amou Under Secur	le and unt of rlying rities : 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr
				Code	. ,	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

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## **Reporting Owners**

Reporting Owner Name / Addres	SS	Relationships								
	Director	10% Owner	Officer	Other						
KOEHLER STEVEN H THE MEDICINES COMPAN 8 CAMPUS DRIVE PARSIPPANY, NJ 07054	Υ		Senior Vice President and CFO							
Signatures										
/s/ Steven H. 0 Koehler	9/01/2005									

\*\*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).

(1) Acquired under The Medicine Company's employee stock purchase plan on August 31, 2005.

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.