Edgar Filing: MEDICINES CO /DE - Form 4

Form 4	IS CO /DE										
December 1	7, 2013										
FORM	ЛД								OMB AP	PROVAL	
	UNITED	STATES		RITIES A shington			NGE CO	OMMISSION	OMB Number:	3235-0287	
Check the check	aar							Expires:	January 31, 2005		
subject to STATEMENT OF CHANG					RITIES				Estimated a burden hour response	verage	
obligatio may con <i>See</i> Inst 1(b).	ons Section 17((a) of the l	Public U		ding Con	npan	y Act of	1935 or Section			
(Print or Type	Responses)										
1. Name and Address of Reporting Person <u>*</u> Antinori Paul Michael			2. Issuer Name and Ticker or Trading Symbol MEDICINES CO /DE [MDCO]					5. Relationship of Reporting Person(s) to Issuer			
(Last)	(First) (Middle)	3. Date of Earliest Transaction (C				(Check	eck all applicable)			
8 SYLVAN WAY			(Month/Day/Year) 12/12/2013					Director 10% Owner 0fficer (give title Other (specify below) Sr. VP & General Counsel			
			Filed(Month/Day/Year)					6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person			
PARSIPPA	NY, NJ 07054							Form filed by Mo Person	ore than One Rep	porting	
(City)	(State)	(Zip)	Tab	le I - Non-l	Derivative	Secur	ities Acqu	iired, Disposed of,	or Beneficiall	y Owned	
1.Title of Security (Instr. 3)	2. Transaction Date 2A. Deemed (Month/Day/Year) Execution Date, i any (Month/Day/Year)		Date, if	Code (Instr. 3, 4 and 5)				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)	
Common				Code V	Amount	(D)	Price \$	(Instr. 3 and 4)			
Stock	12/12/2013			S	10,000	D	37.0114 (1)	41,012	D		
Common Stock	12/13/2013			S	9,600	D	\$ 36.9102	2 31,412	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.

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 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. Transactio Code (Instr. 8)	5. ofNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		Date	Secur	unt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owne Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships							
	Director	10% Owner	Officer	Other				
Antinori Paul Michael			Sr. VP &					
8 SYLVAN WAY			General					
PARSIPPANY, NJ 07054			Counsel					
Signatures								

Signatures

**Signature of

Reporting Person

/s/ Paul M. 12/16/2013 Antinori

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).
- Represents the average sales price of the shares sold ranging from a low of \$37.00 to a high of \$37.03 per share. The undersigned(1) undertakes, upon request by the Commission staff, the issuer or a security holder of the issuer, to provide full information regarding the number of shares sold at each separate price.

Represents the average sales price of the shares sold ranging from a low of \$36.90 to a high of \$36.98 per share. The undersigned(2) undertakes, upon request by the Commission staff, the issuer or a security holder of the issuer, to provide full information regarding the number of shares sold at each separate price.

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.