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

MEDICINES	CO /DE										
Form 4											
June 01, 2015											
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION									OMB APPROVAL		
	UNITE	D STATES		ITIES AI hington, I			NGE (	COMMISSION	OMB Number:	3235-0287	
Check this if no longe	ar								Expires:	January 31, 2005	
subject to STATEMENT OF CHANG				GES IN BENEFICIAL OWN				NERSHIP OF	Estimated a		
Section 16		SECURITIES					burden hou	irs per			
Form 4 or Form 5		unquest to (	Santian 14	(a) of the	Constit	as Es	rahan	a = 1024	response	0.5	
obligation	~ <b>^</b>							ge Act of 1934, of 1935 or Sectio	n		
may contin	nue.		of the Inv	•	•				11		
See Instruction 1(b).	ction	50(II)	of the my	<i>cstillent</i> v	company	y met	. 01 1 )	-10			
1(0).											
(Print or Type R	esponses)										
	ldress of Reportin	ng Person <sup>*</sup>	2. Issuer	Name and Ticker or Trading				5. Relationship of Reporting Person(s) to			
Kelly John C. Symbol MEDICI							Issuer				
			MEDICI	NES CO	/DE [MI	DCO	]	(Check all applicable)			
(Last)	(First)	(Middle)	3. Date of Earliest Transaction					(		-,	
8 SYLVAN WAY         (Month/Data)			-				XDirector10% Owner				
			05/28/20	)15				Officer (give titleOther (specifybelow)below)			
			4. If Amer	endment, Date Original				6. Individual or Joint/Group Filing(Check			
			nth/Day/Year)				Applicable Line)				
								_X_ Form filed by One Reporting Person Form filed by More than One Reporting			
PARSIPPAN	IY, NJ 07054							Person	Nore than One Re	eporting	
(City)	(State)	(Zip)	Table	e I - Non-De	erivative S	Securi	ties Ac	quired, Disposed o	f, or Beneficial	lly Owned	
1.Title of	2. Transaction D	Date 2A. Dee	3. 4. Securities				5. Amount of	6. Ownership	7. Nature of		
Security	(Month/Day/Yea	Transactio				Securities	Form: Direct	Indirect			
(Instr. 3)		Code	Disposed			•	(D) or	Beneficial			
	(Month/Day/Year			) (Instr. 8) (Instr. 3, 4 and 5)				Owned Following	Indirect (I) (Instr. 4)	Ownership (Instr. 4)	
						(1)		Reported	()	(	
						(A) or		Transaction(s)			
				Code V	Amount		Price	(Instr. 3 and 4)			
Common Stock	05/28/2015			А	4,531 (1)	А	\$0	18,056	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)

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1. Title of	2.	3. Transaction Date	3A. Deemed	4.		5. Number	r of	6. Date Exer	cisable and	7. Title and A	Amount
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transa	ctic	tiorDerivative		Expiration Date		Underlying Securitie	
Security	or Exercise		any	Code		Securities		(Month/Day/Year)		(Instr. 3 and 4)	
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8	8)	Acquired	· /				
	Derivative					or Dispose	ed of				
	Security					(D)					
						(Instr. 3, 4	,				
						and 5)					
				Code	v	(A)	(D)	Date	Expiration	Title	Amou
								Exercisable	Date		or
											Numb
											of Sha
Stock Option (right-to-buy)	\$ 28.14	05/28/2015		А		16,512		(2)	05/28/2025	Common Stock	16,5

## **Reporting Owners**

Reporting Owner Name / Address		Relationsh	ips			
	Director	10% Owner Officer		Other		
Kelly John C. 8 SYLVAN WAY PARSIPPANY, NJ 07054	Х					
Signatures						
/s/ Stephen M. Rodin, Attorney	06/01/2015					

Kelly \*\*Signature of 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) This restricted stock award vests on May 28, 2016 and is made as part of and pursuant to Issuer's director compensation package.

(2) This option vests in one installment on May 28, 2016 and is made as part of and pursuant to Issuer's director compensation package.

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.

Date