MEDICINES CO/DE

Form 4

February 19, 2016

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

OMB

Expires:

Washington, D.C. 20549

3235-0287 Number: January 31,

2005

OMB APPROVAL

if no longer subject to Section 16. Form 4 or

Check this box

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES**

Estimated average burden hours per response... 0.5

Form 5 obligations may continue. See Instruction

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

1(b).

(Print or Type Responses)

| 1. Name and Addr HUGIN ROBE | | ng Person * | 2. Issuer Name and Ticker or Trading Symbol | 5. Relationship of Reporting Person(s) to Issuer | | |
|--------------------------------|----------|-------------|--|--|--|--|
| | | 05111 | MEDICINES CO /DE [MDCO] | (Check all applicable) | | |
| (Last) | (First) | (Middle) | 3. Date of Earliest Transaction | | | |
| 8 SYLVAN W | AY | | (Month/Day/Year) 02/17/2016 | X_ Director 10% Owner Officer (give title below) Other (specify below) | | |
| | (Street) | | 4. If Amendment, Date Original | 6. Individual or Joint/Group Filing(Check | | |
| | | | Filed(Month/Day/Year) | Applicable Line) _X_ Form filed by One Reporting Person | | |
| PARSIPPANY, NJ 07054 | | | | Form filed by More than One Reporting Person | | |
| (City) | (State) | (Zip) | Table I Non Darker County of Access | | | |

| (City) | (State) (| Table Table | e I - Non-D | erivative S | Securiti | ies Acq | uired, Disposed o | f, or Beneficial | ly Owned |
|--------------------------------------|---|---|--|---|------------------|---|---|--|------------|
| 1.Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | 3. Transactio Code (Instr. 8) | 4. Securities Acquired on(A) or Disposed of (D) (Instr. 3, 4 and 5) | | 5. Amount of Securities Beneficially Owned | 6. Ownership Form: Direct (D) or Indirect (I) | 7. Nature of Indirect Beneficial Ownership | |
| | | (World Day Tear) | Code V | Amount | (A) or (D) | Price | Following Reported Transaction(s) (Instr. 3 and 4) | (Instr. 4) | (Instr. 4) |
| Common Stock | 02/17/2016 | | M | 15,000 | A | \$ 18.6 | 101,470 | D | |

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02)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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| Derivative | Conversion | (Month/Day/Year) | Execution Date, if | Transacti | orDeriv | vative | Expiration Date (Month/Day/Year) | | Underlying Securition (Instr. 3 and 4) | |
|-----------------------------|------------------------------------|------------------|--------------------|------------|--------------|---------------------|-------------------------------------|--------------------|--|------------------------------|
| Security | or Exercise | | any | Code | Secu | rities | | | | |
| (Instr. 3) | Price of Derivative Security | | (Month/Day/Year) | (Instr. 8) | or Di (D) | sposed of $3, 4, 5$ | | | | |
| | | | | Code V | (A) | (D) | Date Exercisable | Expiration Date | Title | Amou or Numb of Sha |
| Stock Option (right-to-buy) | \$ 18.6 | 02/17/2016 | | M | | 15,000 | <u>(1)</u> | 05/25/2016 | Common Stock | 15,0 |

6. Date Exercisable and

5. Number of

7. Title and Amount

Reporting Owners

2.

| Reporting Owner Name / Address | Relationships | | | | | | |
|--|---------------|-----------|---------|-------|--|--|--|
| Transfer and the same and the s | Director | 10% Owner | Officer | Other | | | |
| HUGIN ROBERT J | | | | | | | |
| 8 SYLVAN WAY | X | | | | | | |
| PARSIPPANY, NJ 07054 | | | | | | | |

Signatures

1. Title of

/s/ Stephen M. Rodin Attorney-in-Fact for Robert J.
Hugin
02/19/2016

3. Transaction Date 3A. Deemed

**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) This option vested in twelve equal monthly installments beginning on June 25, 2006.
- (2) Not applicable.

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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