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

MEDICINES	CO /DE											
Form 4												
May 31, 2016	Ď											
<b>FORM</b>	Δ									PPROVAL		
	UNITEDS	STATES S		ITIES Al hington, ]			NGE (	COMMISSION	OMB Number:	3235-0287		
Check this box								Expires:	January 31,			
subject to				GES IN BENEFICIAL OWN				NERSHIP OF	Estimated a	2005 average		
Section 16		SECURITIES					burden hou	irs per				
Form 4 or Form 5			а ···	Б	1	4 6 1024	response 0					
obligation	~ <b>^</b>						-	ge Act of 1934,				
may conti	nue.			vestment (	•			of 1935 or Sectio	11			
See Instru 1(b).	ction	50(11) 01		Controller V	company	/ 100	0117	-10				
1(0).												
(Print or Type R	esponses)											
1. Name and Address of Reporting Person *       2. Issuer         Shigeta Hiroaki       Symbol         MEDICI			Name and Ticker or Trading				5. Relationship of Reporting Person(s) to Issuer					
			•					155001				
			MEDICI	NES CO	DE [MI	JCO	J	(Check all applicable)				
(Last)	(First) (M		3. Date of Earliest Transaction						100			
8 SYLVAN WAY 05/26/20				-				X_ Director 10% Owner Officer (give title Other (specify				
			03/20/2016					below) below)				
			. If Amen	nendment, Date Original				6. Individual or Joint/Group Filing(Check				
			th/Day/Year)				Applicable Line)					
PARSIPPANY, NJ 07054								_X_ Form filed by One Reporting Person Form filed by More than One Reporting				
ransirran	N I, INJ 07034							Person				
(City)	(State) (	Zip)	Table	I - Non-De	erivative S	ecuri	ties Ac	quired, Disposed o	f, or Beneficia	lly Owned		
1.Title of	2. Transaction Date	2A. Deeme	ed	3. 4. Securities				5. Amount of	6. Ownership	7. Nature of		
Security	(Month/Day/Year)	Date, if TransactionAcquired (A) or					Securities	Form: Direct	Indirect			
(Instr. 3)	any (Month/Day/Yea			Code (Instr. 8)	Disposed (Instr. 3,			Beneficially Owned	(D) or Indirect (I)	Beneficial Ownership		
		(infolial) Du	<i>xyi cui)</i>	(Instr. o)	(11541.5,	i una	5)	Following	(Instr. 4)	(Instr. 4)		
						(A)		Reported				
						or		Transaction(s) (Instr. 3 and 4)				
C				Code V		(D)	Price	(				
Common Stock	05/26/2016			А	3,426 <sup>(1)</sup>	А	\$0	27,396	D			
SIUCK					<u> </u>							

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)

### **Reporting Owners**

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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. 8	3)	5. Numb nof Deriv Securitie Acquired (A) or Disposed (D) (Instr. 3, and 5)	ative es d d of	6. Date Exerc Expiration D (Month/Day/	ate	7. Title and A Underlying S (Instr. 3 and 4	Securities
				Code `	V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amoun or Number of Shares
Stock Option (right-to-buy)	\$ 37.22	05/26/2016		А		9,700		(2)	05/26/2026	Common Stock	9,700

# **Reporting Owners**

Reporting Owner Name / Address		Relationsh					
1 8	Director	10% Owner	Officer	Other			
Shigeta Hiroaki 8 SYLVAN WAY PARSIPPANY, NJ 07054	Х						
Signatures							
/s/ Stephen M. Rodin, Attorney Shigeta		05/31/2016					
<u>**</u> Signature of Report		Date					
Explanation of Dechanges							

## **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 26, 2017 and is made as part of and pursuant to Issuer's director compensation package.
- (2) This option vests in one installment on May 26, 2017 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.