Edgar Filing: MEDICINES CO /DE - Form 4

MEDICINES Form 4	CO /DE											
Form 4 March 02, 20 FORM Check this if no long subject to Section 10 Form 4 or Form 5 obligation may conti <i>See</i> Instru	4 UNITED s box er STATEM 5. 5. 5. 5. 5. 5. 5. 5. 5. 5.	IENT OF suant to S a) of the P	Was CHAN ection 16 Public Ut	hington, GES IN SECUR 5(a) of the ility Hold	D.C. 209 BENEFI ITIES e Securiti	549 CIA les Ez ipany	L OW xchang	COMMISSION NERSHIP OF ge Act of 1934, f 1935 or Sectio 40	OMB Number: Expires: Estimated a burden hou response	rs per		
1(b). (Print or Type R	esponses)											
1. Name and Address of Reporting Person * 2. Issue MEANWELL CLIVE Symbol				r Name and Ticker or Trading CINES CO /DE [MDCO]				5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
				of Earliest Transaction Day/Year) 2010				X Director 10% Owner X Officer (give title Other (specify below) below) Chairman & CEO				
			endment, Date Original nth/Day/Year)				 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person 					
PARSIPPAN	NY, NJ 07054							•	Aore than One Re			
(City)	(State)	(Zip)	Table	e I - Non-D	erivative S	Securi	ties Acc	uired, Disposed of	f, or Beneficial	lly Owned		
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)		n Date, if	Code (Instr. 8)	4. Securi on(A) or Di (D) (Instr. 3,	spose	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)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
Common Stock	02/26/2010			J <u>(1)</u>	1,568	А	\$ 6.55	313,281	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. Transacti Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	7. Title Amoun Underl Securit (Instr.	nt of lying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

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Reporting Owners

Reporting Owner Name / Address	Relationships							
1	Director	10% Owner	Officer	Other				
MEANWELL CLIVE 8 SYLVAN WAY PARSIPPANY, NJ 07054	Х		Chairman & CEO					
Signatures								
/s/ Paul M. Antinori as Attorne Meanwell	03/02/2010							

**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) Acquired under The Medicines Company employee stock purchase plan on 2/26/2010.

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.