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ALNYLAM PHARMACEUTICALS, INC. Form 4 February 25, 2016 OMB APPROVAL FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION OMB 3235-0287 Washington, D.C. 20549 Number: Check this box January 31, Expires: if no longer 2005 STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF subject to Estimated average **SECURITIES** Section 16. burden hours per Form 4 or response... 0.5 Form 5 Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, obligations Section 17(a) of the Public Utility Holding Company Act of 1935 or Section may continue. 30(h) of the Investment Company Act of 1940 See Instruction 1(b). (Print or Type Responses) 1. Name and Address of Reporting Person * 5. Relationship of Reporting Person(s) to 2. Issuer Name and Ticker or Trading Vaishnaw Akshay Issuer Symbol **ALNYLAM** (Check all applicable) PHARMACEUTICALS, INC. [ALNY] Director 10% Owner X_Officer (give title Other (specify (Last) (First) (Middle) 3. Date of Earliest Transaction below) below) (Month/Day/Year) EVP, R&D, CMO **300 THIRD STREET** 02/23/2016 (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 Form filed by More than One Reporting CAMBRIDGE, MA 02142 Person (Zip) (State) (City) Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned 1.Title of 2. Transaction Date 2A. Deemed 3. 4. Securities 5. Amount of 6. Ownership 7. Nature of Security (Month/Day/Year) Execution Date, if TransactionAcquired (A) or Securities Form: Direct Indirect (Instr. 3) Disposed of (D) Beneficially (D) or Indirect Beneficial Code anv (Instr. 8) (Instr. 3, 4 and 5) Owned Ownership (Month/Day/Year) (T)Following (Instr. 4) (Instr. 4) Reported (A) Transaction(s) or (Instr. 3 and 4) Code V Amount (D) Price 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)

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5. Number of	6. Date Exercisable and	7. Title and Amount of
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transacti	iorDerivative	Expiration Date	Underlying Securities

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Security (Instr. 3)	or Exercise Price of Derivative Security		any (Month/Day/Year)	Code (Instr. 8)	Securities Acquired (A) or Disposed o (D) (Instr. 3, 4, and 5)	(Month/Day/Year)		(Instr. 3 and	4)
				Code V	(A) (D) Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Stock Option (right to buy)	\$ 94.14	02/23/2016		A <u>(1)</u>	10,000	02/23/2016	02/23/2026	Common Stock	10,000
Reporting Owners									

Reporting Owner Name / Address	Relationships						
I B	Director	10% Owner	Officer	Other			
Vaishnaw Akshay 300 THIRD STREET CAMBRIDGE, MA 02142			EVP, R&D, CMO				
Signatures							
By: /s/ Michael P. Mason, Atto Vaishnaw	02/25/2016						
<u>**</u> Signature of	Reporting Po	erson		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).

Consistent with past practice, on February 23, 2016, the Compensation Committee approved the grant of an option to purchase 10,000 shares of common stock to the reporting person in consideration of his attaining 10 consecutive years of employment on January 3, 2016.

(1) The exercise price approved by the Compensation Committee was the closing price of the common stock on the NASDAQ Global Select Market on the date of the reporting person's ten-year anniversary (or the last business day prior to such date), provided such price was higher than the closing price of the common stock on the NASDAQ Global Select Market on the date of grant.

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.