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ACORDA THERAPEUTICS INC Form 3 February 22, 2017 UNITED STATES SECURITIES AND EXCHANGE COMMISSION FORM 3 Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

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

(Print or Type Responses)

1. Name and A Person <u>*</u> STRAD			2. Date of Event Requirin Statement (Month/Day/Year)	ACORDA	g 3. Issuer Name and Ticker or Trading Symbol ACORDA THERAPEUTICS INC [ACOR]				
(Last)	(First)	(Middle)	02/17/2017		4. Relationship of Reporting Person(s) to Issuer		5. If Amendment, Date Original Filed(Month/Day/Year)		
420 SAW MILL RIVER ROAD (Street)				(Check	all applicable)	6. Indivi	6. Individual or Joint/Group		
ARDSLEY	, NY 1(0502		X_ Directo Officer (give title belo	Other	_X_Form w) Person	neck Applicable Line) n filed by One Reporting filed by More than One gPerson		
(City)	(State)	(Zip)	Tab	ole I - Non-Deriva	tive Securiti	es Beneficiall	eneficially Owned		
1.Title of Secu (Instr. 4)	ırity		Ben	mount of Securities eficially Owned tr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Ind Ownership (Instr. 5)	lirect Beneficial		
Reminder: Rep owned directly			ach class of securities	s beneficially S	SEC 1473 (7-02)			
	infor requi	mation contaired to respo	pond to the collec ained in this form and unless the for MB control numbe	are not m displays a					
1	Table II - De	erivative Secu	rities Beneficially O	wned (e.g., puts, calls	, warrants, opt	ions, convertibl	e securities)		
1. Title of Der (Instr. 4)	ivative Secur	Expi	ate Exercisable and ration Date //Day/Year) Expiration	3. Title and Amount o Securities Underlying Derivative Security (Instr. 4)		se Form of Derivative	6. Nature of Indirect Beneficial Ownership (Instr. 5)		

Amount or

Number of

Shares

Title

or Indirect

(Instr. 5)

(I)

Exercisable Date

OMB Number:	3235-0104							
Expires:	January 31, 2005							
Estimated average								
burden hours per								
response	0.5							

Reporting Owners

Reporting Owner Name / Addres	SS	Relationships					
		10% Owner	Officer	Other			
STRADER CATHERINE D. 420 SAW MILL RIVER ROA ARDSLEY, NY 10502	DÂX	Â	Â	Â			
Signatures							
/s/ Catherine D. 02/ Strader 02/	/22/2017						
<u>**</u> Signature of Reporting Person	Date						

Explanation of Responses:

No securities are beneficially owned

* If the form is filed by more than one reporting person, *see* Instruction 5(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).

Â **Remarks:**

No securities are beneficially owned. Â Exhibit List: Exhibit 24 - Power of Attorney.

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.