## Edgar Filing: Reid Laurence - Form 4

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Form 4	ce								
December 02	2, 2011								
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION								OMB APPROVAL	
Washington, D.C. 20549					COMMISSION	OMB Number:	3235-0287		
Check thi if no long subject to Section 1 Form 4 ou Form 5 obligation may conti <i>See</i> Instru 1(b).	6. Filed purs Section 17(a	STATEMENT OF CHANGES IN 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					Expires: Estimated burden hou response	irs per	
(Print or Type R	Responses)								
1. Name and Address of Reporting Person <u>*</u> Reid Laurence		Symbol	-			5. Relationship of Reporting Person(s) to Issuer			
		ALNYI PHARM [ALNY	<b>ACEUTIC</b>	CALS, II	NC.	(Check all applicable) Director 10% Owner XOfficer (give title Other (specify below) below) SVP, Chief Business Officer			
(Last) 300 THIRD		iddle) 3. Date of (Month/E 11/30/2	-	nsaction					
	4. If Ame	endment, Date nth/Day/Year)	Original		<ul> <li>6. Individual or Joint/Group Filing(Check Applicable Line)</li> <li>_X_ Form filed by One Reporting Person</li> <li> Form filed by More than One Reporting</li> </ul>				
CAMBRIDO	GE, MA 02142					Person	whole than one R	epotting	
(City)	(State) (2	Zip) Tabl	e I - Non-Dei	rivative S	ecurities Ac	quired, Disposed o	of, or Beneficia	lly Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	Transaction Code	Disposed (Instr. 3, 4	(A) or of (D)	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			Code v	Amount	(D) Frice	1,052	I	by Managed Account (1)	
Reminder: Rep	ort on a separate line f	for each class of secu	rities benefici	ially owne	d 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)

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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. 5. Number of TransactiorDerivative Code Securities (Instr. 8) Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)		8 1 5 ()
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Stock Option (right to buy)	\$ 7.1	11/30/2011		А	40,000	(2)	11/30/2021	Common Stock	40,000	

## **Reporting Owners**

Reporting Owner Name / Address	Relationships						
1	Director	10% Owner	Officer	Other			
Reid Laurence 300 THIRD STREET CAMBRIDGE, MA 02142			SVP, Chief Business Officer				
Signatures							
/s/ Michael P. Mason, Attorney Laurence Reid	-in-Fact f	for	12/02/2011				
<u>**</u> Signature of Reportin	ng 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) The reporting person owns 1,052 shares of ALNY common stock under the ALNY 401(k) plan as a result of the ALNY 401(k) matching contribution program.
- (2) The stock option vests as to 25% of the shares on the 1st anniversary of the date of the stock option grant and as to an additional 6.25% of the shares each successive three month period thereafter.

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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