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Form 4	ksnay											
March 11, 2	013											
FORM	14		GEGU							OMB AF	PROVAL	
	UNITED	STATES				AND EX , D.C. 2			OMMISSION	OMB Number:	3235-0287	
Check the	ger	box										
if no longer subject to Section 16. Form 4 or Form 5				SEC	UF	RITIES			Expires: 21 Estimated average burden hours per response			
obligation may con <i>See</i> Instr 1(b).	tinue. Section 17	(a) of the	Public U	Itility I	Hol	ding Co	mpar	•	Act of 1934, 1935 or Section			
(Print or Type	Responses)											
1. Name and Address of Reporting Person <u>*</u> Vaishnaw Akshay			Symbol					8	5. Relationship of Reporting Person(s) to Issuer			
			ALNYLAM PHARMACEUTICALS, INC. [ALNY]						(Check all applicable)			
(Last) (First) (Middle) 3. Date				of Earliest Transaction					Officer (give title Other (specify below) below) EVP, Chief Medical Officer			
C/O ALNY PHARMAO THIRD ST	CEUTICALS, IN	C., 300	03/11/2	2013					,			
				Month/Day/Year)				1	6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person			
CAMBRID	GE, MA 02142								Form filed by Mo Person	ore than One Re	porting	
(City)	(State)	(Zip)	Tab	le I - N	on-l	Derivative	e Secu	rities Acqui	ired, Disposed of,	or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	Execution any	on Date, if Transactionor Disposed of (D) Securities O Code (Instr. 3, 4 and 5) Beneficially F /Day/Year) (Instr. 8) Owned D Following or (A) Reported (I Transaction(s) (I						6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
Common				Code	V	Amount	(D)	Price	(Instr. 3 and 4)			
Common Stock	03/11/2013			M <u>(1)</u>		6,250	А	\$ 9.3	18,838	D		
Common Stock	03/11/2013			S <u>(1)</u>		6,250	D	\$ 24.5464 (2)	12,588	D		
Common Stock									2,395	Ι	by Managed Account	

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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. Transactic Code (Instr. 8)	5. Number prof Derivative Securities 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. l De Sec (In
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Stock Option (right to buy)	\$ 9.3	03/11/2013		M <u>(1)</u>	6,250	<u>(4)</u>	06/09/2021	Common Stock	6,250	

Reporting Owners

Reporting Owner Name / Address	Relationships					
	Director	10% Owner	Officer	Other		
Vaishnaw Akshay C/O ALNYLAM PHARMACEUTICALS, INC. 300 THIRD STREET CAMBRIDGE, MA 02142			EVP, Chie Medical Officer	ef		
O'an altrica a						

Signatures

/s/ Michael P. Mason, Attorney-in-Fact for Akshay K. Vaishnaw <u>**</u>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) The sales reported on this Form 4 were made pursuant to a Rule 10b5-1 trading plan adopted by the reporting person on March 20, 2012.
- (2) Sale prices ranged from \$24.39 to \$24.74
- (3) The reporting person owns 2,395 shares of ALNY common stock under the ALNY 401(k) plan as a result of the ALNY 401(k) matching contribution program.

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(4) 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.