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ALNYLAM PH Form 4 May 05, 2015	HARMACEUTI	ICALS, 1	INC.							
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION						PPROVAL				
Check this b		Washington, D.C. 20549							3235-0287 January 31,	
if no longer subject to Section 16. Form 4 or Form 5 obligations may continu <i>See</i> Instructi 1(b).	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 20(h) of the Investment Company Act of 1940							Estimated burden hou response	Expires: 2005 Estimated average burden hours per response 0.5	
(Print or Type Resp	ponses)									
1. Name and Address of Reporting Person * Greene Barry E (Last) (First) (Middle) C/O ALNYLAM PHARMACEUTICALS, INC, 300 THIRD STREET			 2. Issuer Name and Ticker or Trading Symbol ALNYLAM PHARMACEUTICALS, INC. [ALNY] 3. Date of Earliest Transaction (Month/Day/Year) 05/01/2015 				5. Relationship of Reporting Person(s) to Issuer (Check all applicable) (Check all applicab			
(City)		Zip)	Table	I Non D	anivativa S	counities A	Person cquired, Disposed o	f or Donoficio	lly Ormed	
	2. Transaction Date Month/Day/Year)	Executio any		3.	4. Securit onAcquired Disposed (Instr. 3, 4	ies (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) Price	23,392	D		
Common Stock							2,591	I	By Managed Account (1)	

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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information contained in this form are not
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(9-02)

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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. Transactio Code (Instr. 8)	5. Number of onDerivative 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)	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Stock Option (Right to Buy)	\$ 96.45	05/01/2015(2)		А	47,625	<u>(3)</u>	12/17/2024	Common Stock	47,625

Reporting Owners

Reporting Owner Name / Address	Relationships				
	Director	10% Owner	Officer	Other	
Greene Barry E C/O ALNYLAM PHARMACEUTICALS, INC 300 THIRD STREET CAMBRIDGE, MA 02142			President and COO		
Signatures					

/s/ Michael P. Mason, Attorney-in-Fact for: Barry E. Greene

**Signature of Reporting Person

05/05/2015 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 2,591 shares of ALNY common stock under the ALNY 401(k) plan as a result of the ALNY 401(k) matching contribution program.

On December 17, 2014, the Compensation Committee of the Company approved the grant of stock options, at an exercise price of \$96.45 per share, to members of its management team, including the Reporting Person. These stock option grants were approved subject to and

- (2) contingent upon approval by the stockholders of the Company at its 2015 annual meeting of the Amended and Restated 2009 Stock Incentive Plan, to, among other things, increase the shares authorized for issuance thereunder. On May 1, 2015, the stockholders of the Company approved the Amended and Restated 2009 Stock Incentive Plan.
- (3) 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.

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