MEDICINES CO/DE

Form 4 March 03, 2015

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

Check this box if no longer STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF subject to **SECURITIES** Section 16.

Form 4 or 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

1(b).

(Print or Type Responses)

See Instruction

1. Name and Address of Reporting Person
Frazier Jeff

(Zip)

(First) (Middle) (Last)

(Street)

(State)

C/O THE MEDICINES COMPANY, 8 SYLVAN WAY

2. Issuer Name and Ticker or Trading Symbol

MEDICINES CO /DE [MDCO]

3. Date of Earliest Transaction (Month/Day/Year) 02/27/2015

4. If Amendment, Date Original Filed(Month/Day/Year)

OMB APPROVAL

OMB 3235-0287 Number:

January 31, Expires: 2005

0.5

Estimated average burden hours per response...

5. Relationship of Reporting Person(s) to Issuer

(Check all applicable)

Director 10% Owner X_ Officer (give title _ Other (specify below)

EVP, Chief Human Strategy Ofcr

6. Individual or Joint/Group Filing(Check Applicable Line)

X Form filed by One Reporting Person Form filed by More than One Reporting Person

PARSIPPANY, NJ 07054

(City)

(City)	(State)	(Zip) Table	e I - Non-D	erivative	Secur	rities Acq	uired, Disposed o	f, or Beneficial	ly Owned
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)	4. Securi on(A) or D (Instr. 3,	ispose 4 and (A) or	d 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	02/27/2015		A	475 <u>(1)</u>	A	\$ 22.32	23,640	D	
Common Stock	03/01/2015		A	4,953 (2)	A	\$ 0	28,593	D	

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

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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 6. Date Exercisable and Expiration Date Securities (Month/Day/Year) 8) Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		7. Title and Amount Underlying Securitie (Instr. 3 and 4)		
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amou or Numb of Sha
Stock Option (right-to-buy)	\$ 28.77	03/01/2015		A	29,688	(3)	03/01/2025	Common Stock	29,6

Reporting Owners

Reporting Owner Name / Address	Relationships						
. 0	Director	10% Owner	Officer	Other			
Frazier Jeff			EVP, Chief				
C/O THE MEDICINES COMPANY			Human				
8 SYLVAN WAY							
PARSIPPANY, NJ 07054			Strategy Ofci				

Signatures

/s/ Stephen M. Rodin, Attorney-in-Fact for Jeff Frazier

Frazier 03/03/2015

**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).
- Shares of common stock acquired pursuant to The Medicines Company Employee Stock Purchase Plan ('ESPP') for the ESPP purchase (1) period beginning September 1, 2014 and ending February 27, 2015. In accordance with the terms of the ESPP, these shares were
- (1) period beginning September 1, 2014 and ending February 27, 2015. In accordance with the terms of the ESPP, these shares were purchased based on 85% of the fair market value closing price of the issuer's common stock on February 27, 2015.
- (2) Shares of restricted stock vest in 25% increments on each anniversary of the date of grant, until fully vested.
- (3) The option vests in forty-eight equal installments beginning April 1, 2015.

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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