Edgar Filing: MEDICINES CO /DE - Form 4

MEDICINES Form 4												
June 05, 201	_									OMB AF	PROVAL	
FORM	UNITE	D STATES				ND EX D.C. 20		NGE C	OMMISSION	OMB Number:	3235-0287	
Check this box if no longer subject to Section 16.				GES IN BENEFICIAL OWNERSHIP OF SECURITIES						Expires: January 3 200 Estimated average burden hours per		
Form 4 o Form 5 obligation may cont <i>See</i> Instru 1(b).	Filed J ns Section 1	7(a) of the		tility H	old	ling Con	ipany	Act of	e Act of 1934, 1935 or Section 0	response	0.5	
(Print or Type I	Responses)											
Frazier Jeff Symbol				er Name and Ticker or Trading CINES CO /DE [MDCO]				0	5. Relationship of Reporting Person(s) to Issuer			
(Last) C/O THE M COMPANY	(First) IEDICINES 7, 8 SYLVAN	(Middle) WAY	3. Date of (Month/D 06/03/20	f Earliest Day/Year)	Tra			L	Director X Officer (give below)		Owner er (specify	
			endment, Date Original nth/Day/Year)					6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person				
PARSIPPA	NY, NJ 07054								Form filed by M Person	lore than One Re	porting	
(City)	(State)	(Zip)	Tabl	e I - Nor	1-D	erivative	Secur	ities Acq	uired, Disposed of	, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction I (Month/Day/Ye	ar) Executio any	med n Date, if Day/Year)	Code (Instr. 8	8)	4. Securi n(A) or Di (Instr. 3,	spose	d of (D) 5)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Indirect Beneficial	
Common Stock	06/03/2015			F	v	Amount 2,169 (1)	(D) D	Price \$ 28.68	26,424	D		

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)	4. Transacti Code (Instr. 8)	5. tionNumber of) Derivativ Securities Acquired (A) or Disposed of (D)			7. Title and Amount of Underlying Securities (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owne Follo Repo Trans (Instr
				(Instr. 3, 4, and 5)						
			Code V	V (A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

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Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
Frazier Jeff C/O THE MEDICINES COMPANY 8 SYLVAN WAY PARSIPPANY, NJ 07054			EVP, Chief Human Strategy Ofcr				
Signatures							
/s/ Stephen M. Rodin, Attorney-in-Fact f Frazier	06/05/201	5					
<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).
- These shares of common stock were withheld for payment of taxes in connection with the vesting of 5,792 shares of restricted stock from (1) a previously reported grant.

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.