Edgar Filing: MEDICINES CO /DE - Form 4

MEDICINES	CO /DE											
Form 4												
May 31, 2016	i de la companya de la											
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION									OMB APPROVAL			
	UNITED	STATES		hington,			NGE	COMMISSION	OMB Number:	3235-0287		
Check this if no longe	vr.									January 31, 2005		
subject to STATEMENT OF CHAN				GES IN BENEFICIAL OW				NERSHIP OF	Estimated a			
Section 16	•	SECURITIES						burden hours per				
Form 4 or Form 5	Filed pure								response	0.5		
Form 5 obligations Section 17(a) of the Public Utility Holding Company Act of 1935 or Section												
may contin See Instruc	iue.			vestment (•	• •			/II			
1(b).		()			- r							
(Print or Type Ro	esponses)											
1 Nama and Ad	duces of Departing I	Danson *						5 Deletionship et	f Donostina Dos	aon(a) to		
CROUSE WILLIAM Symbol				Name and Ticker or Trading				5. Relationship of Reporting Person(s) to Issuer				
				INES CO	/DF [M]	າດດ	1					
			MEDICINES CO /DE [MDCO]					(Check all applicable)				
8 SYLVAN WAY 05/26/20 (Street) 4. If Amer				of Earliest Transaction				X Director	10%	b Owner		
			05/26/20	-				Officer (give title Other (specify				
			00/20/2010					below) below)				
			endment, Date Original onth/Day/Year)				6. Individual or Joint/Group Filing(Check					
Filed(Month/							Applicable Line) _X_ Form filed by One Reporting Person					
PARSIPPAN	Y. NJ 07054							Form filed by M	More than One Re			
								Person				
(City)	(State)	(Zip)	Table	e I - Non-Do	erivative S	ecuri	ties Ac	quired, Disposed o	f, or Beneficial	lly Owned		
1.Title of	2. Transaction Date							5. Amount of	1	7. Nature of		
Security (Instr. 3)	(Month/Day/Year) Execution Date, if			TransactionAcquired (A) or Code Disposed of (D)				Securities Beneficially	Form: Direct (D) or	Indirect Beneficial		
(Instr. 5)		any (Month/Day							Indirect (I)	Ownership		
								Following	(Instr. 4)	(Instr. 4)		
						(A)		Reported Transaction(s)				
				Code V	Amount	or (D)	Price	(Instr. 3 and 4)				
Common					3,426			10.000				
Stock	05/26/2016			А	(1)	А	\$0	42,396	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)

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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. Transacti Code (Instr. 8)	5. Number onof Derivat Securities Acquired (A) or Disposed (D) (Instr. 3, 4 and 5)	tive	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount o Underlying Securities (Instr. 3 and 4)	
				Code V	(A) ((D)	Date Exercisable	Expiration Date	Title	Amoun or Number of Shares
Stock Option (right-to-buy)	\$ 37.22	05/26/2016		А	9,700		(2)	05/26/2026	Common Stock	9,700

Reporting Owners

Reporting Owner Name / Address		Relationsh			
I. O. I.	Director	10% Owner	Officer	Other	
CROUSE WILLIAM					
8 SYLVAN WAY	Х				
PARSIPPANY, NJ 07054					
Signatures					
/s/ Stephen M. Rodin, Attorney Crouse	05/31/2016				
<u>**</u> Signature of Repo		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) This restricted stock award vests on May 26, 2017 and is made as part of and pursuant to Issuer's director compensation package.
- (2) This option vests in one installment on May 26, 2017 and is made as part of and pursuant to Issuer's director compensation package.

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.