MEDICINES CO/DE

Form 4

December 23, 2004

FORM 4

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

OMB 2225

Expires:

OMB APPROVAL

Washington, D.C. 20549

Number: 3235-0287

January 31,

if no longer subject to Section 16. Form 4 or

Check this box

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Estimated average burden hours per

Form 4 or Form 5 obligations may continue.

See Instruction

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 30(h) of the Investment Company Act of 1940

response... 0.5

1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person * RICHARDS JOHN D			2. Issuer Name and Ticker or Trading Symbol MEDICINES CO /DE [MDCO]	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)		
(Last)	(First)	(Middle)	3. Date of Earliest Transaction	(Check all applicable)		
			(Month/Day/Year)	Director 10% Owner		
THE MEDICINES COMPANY, 8 CAMPUS DRIVE			12/23/2004	X Officer (give title Other (specify below) Vice President		
	(Street)		4. If Amendment, Date Original	6. Individual or Joint/Group Filing(Check		
			Filed(Month/Day/Year)	Applicable Line) _X_ Form filed by One Reporting Person		
PARSIPPANY, NJ 07054				Form filed by More than One Reporting Person		

(City)	(State) (Table Table	e I - Non-D	erivative	Secur	rities Acq	uired, Disposed of	f, or Beneficial	y Owned
1.Title of Security	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if	3. Transactio	4. Securi		•	5. Amount of Securities	6. Ownership Form: Direct	7. Nature of Indirect
(Instr. 3)		any	Code	(Instr. 3,	4 and	5)	Beneficially	(D) or	Beneficial
		(Month/Day/Year)	(Instr. 8)		(A) or		Owned Following Reported Transaction(s) (Instr. 3 and 4)	Indirect (I) (Instr. 4)	Ownership (Instr. 4)
			Code V	Amount	(D)	Price	(======================================		
Common Stock	12/23/2004		M	524	A	\$ 10.11	7,100	D	
Common Stock (1)	12/23/2004		S	524	D	\$ 28.68	7,100	D	

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

(7:n)

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SEC 1474

(9-02)

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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. Transactic Code (Instr. 8)	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)	Expiration Date (Month/Day/Yea		7. Title and A Underlying S (Instr. 3 and	Securities
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Option (right to buy)	\$ 10.11	12/23/2004		M	524	12/23/2004(2)	12/11/2011	Common Stock	524

Reporting Owners

Reporting Owner Name / Address	Relationships

Director 10% Owner Officer Other

RICHARDS JOHN D THE MEDICINES COMPANY 8 CAMPUS DRIVE PARSIPPANY, NJ 07054

Vice President

Signatures

John D. 12/23/2004 Richards

**Signature of Reporting Person

Explanation of Responses:

* If the form is filed by more than one reporting person, see Instruction 4(b)(v).

Date

- ** 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 common stock sales reported on this Form 4 were effected pursuant to a Rule 10b5-1 program adopted by Mr. Richards on March 23, 2004
- As of 12/23/2004, the original grant (15,000 shares granted on 12/11/2001) was vested with respect to 11,250 of the shares covered (2) thereby. After the exercise of the options reported hereby, as of 12/23/2004, 2,592 of the shares covered by the option were vested but not exercised and the remaining 3,750 of the shares covered by the option vest in equal monthly installments ending on 12/11/2005.

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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