Edgar Filing: MEDICINES CO /DE - Form 4

MEDICINES Form 4												
FORM 4 September 01, 2009 FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMM Washington, D.C. 20549 Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction Filed pursuant to Section 16(a) of the Securities Exchange Act Section 17(a) of the Public Utility Holding Company Act of 1935 30(h) of the Investment Company Act of 1940						NERSHIP OF ge Act of 1934, f 1935 or Sectio	OMB Number: Expires: Estimated a burden hou response	rs per				
1(b). (Print or Type R	esponses)											
			Symbol	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) 8 SYLVAN WAY			3. Date of Earliest Transaction (Month/Day/Year) 08/31/2009					Director 10% Owner XOfficer (give title Other (specify below) below) Executive VP & CFO				
				If Amendment, Date Original ed(Month/Day/Year)				 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting 				
(City)	(State)	+ (Zip)	Tabl	e I - Non-F)erivative (Securi	ties Acc	Person quired, Disposed o	f or Beneficial	ly Owned		
1.Title of Security (Instr. 3)	2. Transaction Date 2A. Deemed (Month/Day/Year) Execution Date, if any (Month/Day/Year)		3. 4. Securities Acquired Transaction(A) or Disposed of Code (D) (Instr. 8) (Instr. 3, 4 and 5) (A) or Code V Amount (D) Price			cquired d of 5)	• • •	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of			
Common Stock	08/31/2009			J <u>(1)</u>	1,005	А	\$ 6.48	69,504	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)

L S	I. 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. 6. Date Exe ionNumber Expiration 2 of (Month/Day Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3,		Date	7. Titl Amou Under Secur (Instr.	int of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr
					Code V	4, and 5)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

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Reporting Owners

Reporting Owner Name / Add	dress]		
	Director	10% Owner	Officer	Other
SBLENDORIO GLENN 8 SYLVAN WAY PARSIPPANY, NJ 07054			Executive VP & CFO	
Signatures				
Glenn P. Sblendorio	09/01/2009			
<u>**</u> Signature of	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) Acquired under The Medicines Company employee stock purchase plan on 8/31/09.

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.

Reporting Person