Edgar Filing: MEDICINES CO /DE - Form 4

MEDICINES	S CO /DE										
Form 4											
July 01, 2010)										
FORM	14									PPROVAL	
	UNITE	CD STATES		ITIES A hington,			NGE (COMMISSION	OMB Number:	3235-0287	
Check thi									Expires:	January 31,	
if no longer subject to STATEMENT OF CHANG				GES IN BENEFICIAL OWN				NERSHIP OF	Estimated a	2005	
Section 1					ITIES				burden hours per		
Form 4 or									response	. 0.5	
Form 5 obligatior		-					-	e Act of 1934,			
may conti				•	•	- ·		f 1935 or Section	n		
<i>See</i> Instru 1(b).	iction	30(h)	of the In	vestment	Compan	y Act	t of 192	40			
(Print or Type R	Responses)										
	ddress of Report	ing Person <u>*</u>	2. Issuer	Name and	Ticker or '	Гradin	g	5. Relationship of	Reporting Pers	son(s) to	
MEANWELL CLIVE Symbol MEDICI								Issuer			
				CINES CO /DE [MDCO]				(Check all applicable)			
(Last)	(First)	(Middle)	3. Date of	Earliest Tra	ansaction			(enec	in un uppneuble	-)	
			(Month/D	Day/Year)				_X_ Director10% Owner			
8 SYLVAN WAY 06/30/20			2010				X_ Officer (give title Other (specify below) below)				
								· · · · · · · · · · · · · · · · · · ·	irman & CEO		
	(Street)		4. If Ame	ndment, Dat	te Original			6. Individual or Jo	oint/Group Filir	1g(Check	
			nth/Day/Year)				Applicable Line)				
								_X_Form filed by C			
PARSIPPAN	NY, NJ 07054							Person	Iore than One Re	porting	
(City)	(State)	(Zip)	Table	e I - Non-D	erivative S	Securi	ties Acc	uired, Disposed of	f, or Beneficial	ly Owned	
1.Title of	2. Transaction	Date 2A. Dee	med	3.				5. Amount of	6. Ownership		
Security	(Month/Day/Ye		on Date, if	Transactio		spose	d of	Securities	Form: Direct		
(Instr. 3)		any (Month/	Dav/Year)	Code (D) (Instr. 8) (Instr. 3, 4 and 5)		5)	2	(D) or Indirect (I)	Beneficial Ownership		
(Month/Day/Yea		Dujitout	(1130.0) $(1130.3, 4 and 3)$			Following	(Instr. 4)	(Instr. 4)			
						(A)		Reported			
						or		Transaction(s) (Instr. 3 and 4)			
~				Code V	Amount	(D)	Price	(msu. 5 and 4)			
Common Stock	06/30/2010			J <u>(1)</u>	675	А	\$ 6.47	369,456	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)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transacti Code (Instr. 8)	5. of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	5	Date	7. Title Amour Underl Securit (Instr. 1	nt of lying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Own Follo Repo Trans (Instr
				Code 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				
MEANWELL CLIVE								
8 SYLVAN WAY	Х		Chairman d	& CEO				
PARSIPPANY, NJ 07054								
Signatures								
/s/ Paul M. Antinori as Attorne Meanwell		07/01/2010						
<u>**</u> Signature of Repor		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 6/30/2010.

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.