### Edgar Filing: MANNING MARTHA E - Form 4

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Form 4 January 25,	2010									
<b>FORN</b>	ЛЛ								PPROVAL	
	UNITED	STATES		RITIES A ashington			E COMMISSIO	N OMB Number:	3235-0287	
Check th if no lor subject to Section Form 4 Form 5 obligation may cor <i>See</i> Inst 1(b).	nger to 16. or Filed put ons ntinue.	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES 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						Estimated burden hou response	Estimated average burden hours per response 0.5	
(Print or Type	Responses)									
1. Name and Address of Reporting Person <u>*</u> MANNING MARTHA E			<ol> <li>Issuer Name and Ticker or Trading Symbol</li> <li>ACHILLION</li> <li>PHARMACEUTICALS INC</li> <li>[ACHN]</li> <li>Date of Earliest Transaction</li> <li>(Month/Day/Year)</li> <li>01/23/2019</li> </ol>			5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
(Last) (First) (Middle) C/O ACHILLION PHARMACEUTICALS, INC., 300 GEORGE STREET						X Officer (gibelow)		title Other (specify below)		
(Street) NEW HAVEN, CT 06511			4. If Amendment, Date Original Filed(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 Person				
(City)	(State)	(Zip)	Tab	ole I - Non-I	Derivativ	e Securities A	Acquired, Disposed	of, or Beneficia	lly Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)		ed Date, if		4. Secur nAcquire Dispose (Instr. 3)	ities d (A) or d of (D) 4 and 5) (A) or	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)		7. Nature of Indirect	
Reminder: Re	port on a separate line	e for each cl	ass of sec	curities benef	Pers infor requ	ons who res mation con ired to resp	or indirectly. spond to the colle tained in this forr ond unless the fo ntly valid OMB co	n are not orm	SEC 1474 (9-02)	

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

number.

## **Reporting Owners**

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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. Transactic Code (Instr. 8)	TransactiorDerivative Code Securities		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Stock Option (Right to buy)	\$ 2.18	01/23/2019		А	150,000	<u>(1)</u>	01/23/2029	Common Stock	150,000	

# **Reporting Owners**

<b>Reporting Owner Name / Address</b>		Relationships					
	Director	10% Owner	Officer	Other			
MANNING MARTHA E C/O ACHILLION PHARM 300 GEORGE STREET NEW HAVEN, CT 06511	IACEUTICALS, INC.			General Counsel			
Signatures							
/s/ Martha Manning	01/25/2019						

\*\*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). \*\*
- This option vests as to 25% of the original number of shares on the first anniversary of the grant date and as to an additional 6.25% of the (1) original number of shares at the end of each successive three-month period thereafter.

### **Remarks:**

#### See Exhibit 24.1, Power of Attorney

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.