Edgar Filing: MEDICINES CO /DE - Form 4

| MEDICINES CO | O /DE | | | | | | | | | | |
|---|-----------------------------------|--|--|--|------------------------|---|--|--|---|----------------------|--|
| Form 4 | | | | | | | | | | | |
| November 25, 2 | 015 | | | | | | | | | | |
| FORM 4 | 1 | | | | | | | | PPROVAL | - | |
| | UNITED | STATES | | RITIES A shington | N OMB Number: | 3235-0 | 287 | | | | |
| Check this bo if no longer subject to Section 16. Form 4 or Form 5 | STATEN | STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, | | | | | | | | / 31, 2005 0.5 | |
| obligations may continue <i>See</i> Instructio 1(b). | Section 17(| a) of the I | | | | | | | | | |
| (Print or Type Resp | onses) | | | | | | | | | | |
| 1. Name and Address of Reporting Person <u>*</u> ESHELMAN FREDRIC N | | | 2. Issuer Name and Ticker or Trading Symbol MEDICINES CO /DE [MDCO] | | | | 5. Relationship of Reporting Person(s) to Issuer | | | | |
| (7) | | | | | | | (Che | eck all applicabl | k all applicable) | | |
| (Last) (First) (Middle) 8 SYLVAN WAY | | | 3. Date of Earliest Transaction (Month/Day/Year) 11/23/2015 | | | | X_ Director 10% Owner Officer (give title Other (specify below) below) | | | | |
| | | | | endment, D nth/Day/Yea | - | ıl | 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 | le I - Non-l | Derivative | Securities A | cquired, Disposed | of, or Beneficia | lly Owned | | |
| | ransaction Date onth/Day/Year) | 2A. Deemo Execution any (Month/Da | Date, if | 3. Transactio Code (Instr. 8) Code V | Disposed (Instr. 3, | (A) or of (D) | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| Reminder: Report of | on a separate line | e for each cla | ass of sec | urities bene | ficially ow | ned directly | or indirectly. | | | | |
| | | | | | inforr requi | nation cont red to resp ays a curre | spond to the colle tained in this forn ond unless the fo ntly valid OMB co | n are not rm | SEC 1474 (9-02) | | |

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

| 1. Title of | 2. | 3. Transaction Date | 3A. Deemed | 4. | 5. Number | 6. Date Exercisable and | 7. Title and Amount |
|-------------|-------------|---------------------|--------------------|------------|-----------------|-------------------------|----------------------|
| Derivative | Conversion | (Month/Day/Year) | Execution Date, if | Transactio | onof Derivative | Expiration Date | Underlying Securitie |
| Security | or Exercise | | any | Code | Securities | (Month/Day/Year) | (Instr. 3 and 4) |
| (Instr. 3) | Price of | | (Month/Day/Year) | (Instr. 8) | Acquired | | |

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| | Derivative Security | | | | (A) or Disposed of (D) (Instr. 3, 4, and 5) | | | | | |
|-------------------------------|------------------------|------------|------|---|--|-----|---------------------|--------------------|-----------------|------------------------|
| | | | Code | V | (A) | (D) | Date Exercisable | Expiration Date | Title | Amou Numb Shares |
| Call Option (right-to-buy) | \$ 42 | 11/23/2015 | Р | | 1,000 | | 11/23/2015 | 04/16/2016 | Common Stock | 100, |

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | | | | | |
|--|---------------|-----------|---------|-------|--|--|--|--|--|
| | Director | 10% Owner | Officer | Other | | | | | |
| ESHELMAN FREDRIC N 8 SYLVAN WAY PARSIPPANY, NJ 07054 | X | | | | | | | | |
| Signatures | | | | | | | | | |
| /s/ Fredric N. | 1/25/2015 | | | | | | | | |

 **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).

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.