Edgar Filing: MEDICINES CO /DE - Form 4

MEDICINE	S CO /DE												
Form 4													
March 02, 2	005												
FORM	ΠΔ									OMB AF	PROVAL		
	UNITEL) STATES				ND EX D.C. 2(NGE C	OMMISSION	OMB Number:	3235-0287		
Check th										Expires:	January 31,		
subject to STATEMENT OF CHA				NGES IN BENEFICIAL OWNER					VERSHIP OF	Estimated a	2005		
Section 16.				SECURITIES						burden hours per			
Form 4 o										response	0.5		
Form 5 obligatio	· · · · ·							•	e Act of 1934,				
may con	Section 17			•		•			1935 or Section	1			
<i>See</i> Instr 1(b).	ruction	30(h)	of the Ir	ivestm	lent	Compai	ıy Ас	t of 1940	0				
(Print or Type	Responses)												
KOEHLER STEVEN H Symbol				ol					5. Relationship of Reporting Person(s) to Issuer				
MED			MEDIC	EDICINES CO /DE [MDCO]					(Check all applicable)				
(Last)	(First)	(Middle)				ansaction							
	ICINES COMPA	NIV Q	-	onth/Day/Year) /28/2005					Director 10% Owner X Officer (give title Other (specify below) below)				
CAMPUS I		-11N I , O	02/28/2										
									Senior Vice	e President and	CFO		
	(Street)			. If Amendment, Date Original					6. Individual or Joint/Group Filing(Check				
Filed(M				nth/Day/	Year)			Applicable Line) _X_ Form filed by One Reporting Person				
PARSIPPA	NY, NJ 07054								Form filed by M Person				
(City)	(State)	(Zip)	Tab	le I - No	on-D) erivative	Secur	ities Acqu	uired, Disposed of,	, or Beneficiall	y Owned		
1.Title of Security	2. Transaction Date (Month/Day/Year	ned 3. 4. Securities Acquired n Date, if Transaction(A) or Disposed of (D)						5. Amount of Securities	6. Ownership	7. Nature of Indirect			
(Instr. 3)		Code (Instr. 3, 4 and 5) $(1 + 1)$					5)	Beneficially	Form: Direct				
		(Month/D	ay/Year)	(Instr.	8)				Owned Following	(D) or Indirect (I)	Ownership (Instr. 4)		
							(1)		Reported	(Instr. 4)			
							(A) or		Transaction(s)				
				Code	V	Amount		Price	(Instr. 3 and 4)				
Common Stock	02/28/2005			J	V	482 (1)	А	\$ 19.805	2,482	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 Derivativ Security (Instr. 3)	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transact Code (Instr. 8)	5. of Derivativ Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	3	Date	Amou Unde Secur	le and unt of rlying ities . 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne 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 / Addre	SS	Relationships							
	Director	10% Owner	Officer	Other					
KOEHLER STEVEN H THE MEDICINES COMPAN 8 CAMPUS DRIVE PARSIPPANY, NJ 07054	IΥ		Senior Vice President and CFO						
Signatures									
Steven H. Koehler)3/02/2005								

**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).

(1) Acquired under The Medicines Company's employee stock purchase plan on February 28, 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.