## Edgar Filing: MEDICINES CO /DE - Form 4

MEDICINE Form 4	ES CO /DE											
February 21	, 2014											
FORM	Λ4							OMB AF	PROVAL			
	••• UNITED	STATES SECU W	RITIES A			ANGE CO	DMMISSION	OMB Number:	3235-0287			
Check t if no lor subject Section Form 4 Form 5	nger <b>STATEN</b> to <b>STATEN</b> 16. or											
obligation may con <i>See</i> Inst 1(b).	ons Section 170 ntinue. ruction	Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940										
(Print or Type	Responses)											
1. Name and Address of Reporting Person <u>*</u> MEANWELL CLIVE			Symbol I				5. Relationship of Reporting Person(s) to Issuer					
		MEDICINES CO /DE [MDCO]				(Check all applicable)						
(Last) 8 SYLVAN	(Month	3. Date of Earliest Transaction (Month/Day/Year) 02/19/2014				_X_ Director10% Owner _X_ Officer (give titleOther (specify below) below) Chairman & CEO						
			Filed(Month/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person					
PARSIPPA	NY, NJ 07054					-	Form filed by M Person					
(City)	(State)	(Zip) Ta	ble I - Non-	Derivative	e Secu	rities Acqu	ired, Disposed of,	or Beneficial	ly Owned			
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)		3. 4. Securities Acquired (A Transaction Disposed of (D) Code (Instr. 3, 4 and 5) (Instr. 8) (A)				<ul> <li>5. Amount of Securities Beneficially Owned Following Reported Transaction(s)</li> </ul>	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
			Code V	Amount	or (D)	Price	(Instr. 3 and 4)	(mour r)				
Common Stock	02/19/2014		F	6,328 (1)	D	\$ 29.9809 (2)	281,445	D				
Common Stock	02/20/2014		F	2,603 (1)	D	\$ 29.7315	278,842	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.

## Edgar Filing: MEDICINES CO /DE - Form 4

 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. Transactic Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	7. Tit Amou Under Secur (Instr	unt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owne Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

## **Reporting Owners**

Reporting Owner Name / Address	Relationships							
I B	Director	10% Owner	Officer	Other				
MEANWELL CLIVE 8 SYLVAN WAY PARSIPPANY, NJ 07054	Х		Chairman & CEO					
Signatures								
Stephen M. Rodin, Attorney-in Meanwell	-Fact for	Clive A.	02/21/2	014				
<u>**</u> Signature of Report	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) These shares of common stock were withheld for payment of taxes in connection with the vesting of 17,000 shares of restricted stock, in the aggregate, from previously reported grants.
- Represents the weighted average sales price of the shares sold ranging from a low of \$29.96 to a high of \$30 per share. The undersigned(2) undertakes, upon request by the Commission staff, the issuer or a security holder of the issuer, to provide full information regarding the number of shares sold at each separate price.

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.