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KEATING I	LAURIE									
Form 4 March 05, 20	018									
FORM	Л								PPROVAL	
	UNITED	STATES		RITIES A			COMMISSIO	N OMB Number:	3235-0287	
Check th if no long subject to Section 1 Form 4 c Form 5 obligatio may cont See Instr 1(b).	ger 5 16. 5 7 Filed pur ns 5 Section 17(MENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES rsuant to Section 16(a) of the Securities Exchange Act of 1934, (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 l	Responses)									
1. Name and A KEATING	Address of Reporting	Person <u>*</u>	2. Issue Symbol ALNY	er Name an o	d Ticker or	Trading	5. Relationship Issuer	of Reporting Per	son(s) to	
(Last) (First) (Middle) 300 THIRD STREET			PHARMACEUTICALS, INC. [ALNY] 3. Date of Earliest Transaction (Month/Day/Year) 03/01/2018				(Check all applicable) <u></u> Director <u></u> 10% Owner <u></u> Officer (give title <u></u> Other (specify below) SVP, GC & Secretary			
CAMBRID	GE, MA 02142						Person		1 0	
(City)	(State)	(Zip)	Tab	le I - Non-l	Derivative	Securities A	cquired, Disposed	of, or Beneficia	lly Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	Execution any	Date, if	3. Transactio Code (Instr. 8) Code V	Disposed (Instr. 3, 4	(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: Rep	oort on a separate line	for each cla	ass of sec	urities bene:	Perso inform requir	ns who res ation cont ed to respo ys a curre	or indirectly. spond to the collectained in this form 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 of	6. Date Exercisable and	7. T	itle and Amount of	f 8
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transacti	orDerivative	Expiration Date	Und	erlying Securities	D

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Security (Instr. 3)	2		any (Month/Day/Year)	Code (Instr. 8)	Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		(Month/Day/Year)		(Instr. 3 and 4)		2
				Code V	(A) ((D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Stock Option (right to buy)	\$ 119.13	03/01/2018		A	13,750 (1)		(2)	02/28/2028	Common Stock	13,750	
Repor	rting Ov	vners									
Donouting	Owner Neme /	Address	Rela	ationships							

Reporting Owner Name / Address	Kelationships						
	Director	10% Owner	Officer	Other			
KEATING LAURIE 300 THIRD STREET CAMBRIDGE, MA 02142			SVP, GC & S	ecretary			
Signatures							
By: /s/ Michael P. Mason, Atto Keating	rney-in-F	act For: Lau	rie	03/05/2018			
<u>**</u> Signature of Repo	orting Persor	1		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).

Represents the time-vested portion of the reporting person's Annual Stock Option Award for 2017. The reporting person also received
 (1) 13,750 options to purchase shares of ALNY common stock that will vest upon the achievement of three specific performance conditions, which will be reported on a Form 4 if and when each performance condition is met and the option vests.

(2) The stock option vests as to 25% of the shares on the 1st anniversary of the date of the stock option grant and as to the remaining shares ratably at the end of each three-month period thereafter over the following thirty-three (33) months

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.