Edgar Filing: ALNYLAM PHARMACEUTICALS, INC. - Form 4

ALNYLAM PHA Form 4 July 02, 2014	RMACEU	TICALS, I	INC.							
FORM 4 Check this box if no longer subject to Section 16. Form 4 or Form 5 abligations	STATEM Filed pur Section 17(MENT OF rsuant to S (a) of the F	Wa F CHAN Section 1 Public U	Ishington, NGES IN F SECURI	D.C. 205 BENEFI TIES Securiti ing Com	549 CIAL OV es Exchar pany Act	COMMISSIO WNERSHIP OI age Act of 1934, of 1935 or Secti 940	N OMB Number: Expires: Estimated burden hou response	urs per	
1. Name and Address of Reporting Person <u>*</u> SCHULMAN AMY W		Person <u>*</u>	2. Issuer Name and Ticker or Trading Symbol ALNYLAM PHARMACEUTICALS, INC. [ALNY]			C C	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X_ Director 10% Owner			
(Last) (1 300 THIRD STR	, , , , , , , , , , , , , , , , , , ,	Middle)	3. Date of Earliest Tra (Month/Day/Year) 07/01/2014		insaction	saction delo		ve title Oth below)	ner (specify	
			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) (S	State)	(Zip)	Tab	le I - Non-De	erivative S	Securities A	cquired, Disposed	of, or Beneficia	lly Owned	
	nsaction Date th/Day/Year)		Date, if	Transaction/ Code I	Disposed o 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: Report on					Person informa require display numbe	as who res ation cont d to respo s a currer r.	or indirectly. spond to the colle ained in this forr ond unless the fo ntly valid OMB co Beneficially Owne	n are not orm ontrol	SEC 1474 (9-02)	

(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. Title and Amount of	f 8
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transacti	orDerivative	Expiration Date	Underlying Securities	D

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Security (Instr. 3)	or Exercise Price of Derivative Security		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)		9 (
				Code V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Stock Option (right to buy)	\$ 66.83	07/01/2014		A	30,000		<u>(1)</u>	07/01/2024	Common Stock	30,000	

Reporting Owners

Reporting Owner Name / Address		Relationsh			
	Director	10% Owner	Officer	Other	
SCHULMAN AMY W 300 THIRD STREET CAMBRIDGE, MA 02142	Х				
Signatures					
By: /s/ Michael P. Mason, Atto Schulman	07/02/2014				
<u>**</u> Signature of Reg	oorting Person	n			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) The stock option will vest as to one third of the shares on each of the first, second and third anniversaries of the date of grant.

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.

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