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FISHERMAN JA Form 4	ASON S									
July 12, 2011	L								OMB APP	ROVAL
	UNITEDS	TATES	SECURITI Washin	ES AND gton, D.(E COM	MISSION	OMB Number:	3235-0287
Check this bo if no longer subject to Section 16. Form 4 or Form 5	STATEM	F CHANGE SE Section 16(a)	CURITI	Lanuary 31Expires:2005Estimated averageburden hours perresponse0.5						
obligations may continue <i>See</i> Instructio 1(b).			Public Utility of the Invest	•	-	•		5 or Section		
(Print or Type Resp	onses)									
1. Name and Addre FISHERMAN J	2. Issuer Nar Symbol ACHILLIO PHARMAC [ACHN]	N		-	Issue	 Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner 				
(Last) ADVENT HEA VENTURES 1	LTHCARE	iddle) FFT	3. Date of Earliest Transaction Officer (give below) (Month/Day/Year) 07/08/2011							
Filed(Month/Day/Year) Applicable Line) _X_ Form filed by C						cable Line) Form filed by On form filed by Mo	int/Group Filing(Check One Reporting Person Iore than One Reporting			
(City)		Zip)	T-11-1	N. D.		••	Perso		D	0
1.Title of Security (Instr. 3)	2. Transaction E (Month/Day/Ye	Date 2A. ear) Exec any	Deemed	3. Transactio Code (Instr. 8)	4. Securi	ities A ispose 4 and (A) or	cquired d of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s (Instr. 3 and 4	Ownership Form: Direct (D) or Indirect (I) (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
Common Stock	07/08/2011			S	77	D	\$ 8.0122	1,038	Ι	see footnote (1)
CommonStock	07/11/2011			S	1	D	\$ 7.9258	1,037	I	see footnote (1)
Common Stock	07/11/2011			S	23	D	\$ 7.6951	1,014	Ι	see footnote (1)

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				¢			see
Common Stock 07/12/2011	S	249	D	ъ 7.8637	765	Ι	$\frac{\text{footnote}}{(1)}$

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 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. Transactio Code (Instr. 8)	5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Secur	int of rlying	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		

Reporting Owners

Reporting Owner Name / Address	Relationships							
	Director	10% Owner	Officer	Other				
FISHERMAN JASON S ADVENT HEALTHCARE VENTURES 184 HIGH STREET BOSTON, MA 02110	Х							
Signatures								
/s/ Jarlyth H. Gibson, Compliance Officer	07/1							
**Signature of Reporting Person	I	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) Shares are indirectly beneficially owned as a limited partner of Advent Partners HLS II Limited Partnership.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

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