## Edgar Filing: ALNYLAM PHARMACEUTICALS, INC. - Form 4

ALNYLAM PHA Form 4 June 06, 2014	RMACEUT	ΓICALS, Ι	NC.								
June 06, 2014 FORM 4 Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b). OMB UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 OMB UNITED STATES SECURITIES AND EXCHANGE COMMISSION UNITED STATES SECURITIES AND EXCHANGE COMMISSION UNITED STATES SECURITIES OMB APPROVAL OMB UNITED STATES OMB APPROVAL OMB UNITED STATES SECURITIES OMB APPROVAL OMB UNITED STATES OMB APPROVAL OMB UNITED STATES OMB APPROVAL OMB UNITED STATES SECURITIES OMB APPROVAL OMB UNITED STATES OMB UNITED STATES OMB APPROVAL OMB UNITED STATES OMB APPROVAL OMB UNITED STATES OMB UNITED STATES OMB APPROVAL OMB UNITED STAT											
(Print or Type Responses) 1. Name and Address of Reporting Person <u>*</u> SHARP PHILIP A			2. Issuer Name <b>and</b> Ticker or Trading Symbol ALNYLAM PHARMACEUTICALS, INC. [ALNY]		-	<ul> <li>5. Relationship of Reporting Person(s) to Issuer</li> <li>(Check all applicable)</li> <li>_X_ Director 10% Owner</li> </ul>					
(Last) (1 300 THIRD STR	. , , ,	Middle)	3. Date of Earliest Transaction (Month/Day/Year) 06/05/2014				Officer (give title Other (specify below) below)				
(S CAMBRIDGE, N	4. If Amendment, Date Original Filed(Month/Day/Year)				<ul> <li>6. Individual or Joint/Group Filing(Check Applicable Line)</li> <li>_X_ Form filed by One Reporting Person</li> <li> Form filed by More than One Reporting Person</li> </ul>						
(City) (S	State)	(Zip)	Tab	le I - Non-D	)erivative Se	curities A	cquired, Disposed	of, or Beneficia	ally Owned		
	nsaction Date th/Day/Year)		Date, if	Code	C	.) or (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	·				Persons informat required displays number	s who res tion conta I to respo s a curren	r indirectly. pond to the colle ained in this forn and unless the fo tly valid OMB co Beneficially Owne	n are not rm introl	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
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transact	iorDerivative	Expiration Date	Underlying Securities

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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 o (D) (Instr. 3, 4, and 5)	(Month/Day/Year)		(Instr. 3 and 4)	
				Code V	(A) (D	) Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Stock Option (right to buy)	\$ 59.25	06/05/2014		A	30,000	06/05/2015	06/04/2024	Common Stock	30,000

## **Reporting Owners**

Reporting Owner Name / Address		Relationsh							
	Director	10% Owner	Officer	Other					
SHARP PHILIP A 300 THIRD STREET CAMBRIDGE, MA 02142	Х								
Signatures									
By: /s/ Michael P. Mason, Atto Sharp	06/06/2014								
<u>**</u> Signature of Re	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).

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.