### ALNYLAM PHARMACEUTICALS, INC.

Form 4

December 22, 2016

FORM	ИД							_	PPROVAL		
	UNITED	UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549									
if no lo subject Section	to STATEN	STATEMENT OF CHANGES IN BENEFICIAL OSECURITIES						Expires: Estimated burden hou			
Form 4 Form 5 obligati may co See Ins 1(b).	Filed pur	Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Sectio 30(h) of the Investment Company Act of 1940									
Print or Type	e Responses)										
1. Name and Address of Reporting Person * Greenstreet Yvonne			2. Issuer Name <b>and</b> Ticker or Trading Symbol ALNYLAM				5. Relationship of Reporting Person(s) to Issuer				
		PHARMACEUTICALS, INC. [ALNY]				(Check all applicable) Director 10% Owner					
(Last)	(First) (	Middle)	3. Date of Earliest Transaction (Month/Day/Year) 12/20/2016				X Officer (give title Other (specify below)  EVP, Chief Commercial Officer				
				endment, D onth/Day/Yea		ıl	6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting				
(City)	(State)	(Zip)	Tab	ole I - Non-	Dorivativa	Securities /	Person Acquired, Disposed of	f or Ranaficia	lly Owned		
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deeme Execution I any (Month/Da	d Date, if	3. Transaction Code (Instr. 8)	4. Securit onAcquired Disposed (Instr. 3, 4	ies (A) or of (D)	5. Amount of Securities Beneficially Owned (Following Reported Transaction(s) (Instr. 3 and 4)	o. Ownership Form: Direct D) or Indirect I) Instr. 4)	7. Nature of Indirect		
Reminder: Re	eport on a separate line	e for each cla	ss of sec	urities bene	ficially ow	ned directly	or indirectly.				
					inforn requii	nation con ed to resp lys a curre	spond to the collect tained in this form ond unless the form ntly valid OMB con	are not m	SEC 1474 (9-02)		
	Tah	le II - Deriv	ative Sec	curities Acc	mired Dis	nosed of or	· Reneficially 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. Title and Amount of 8 Derivative Conversion (Month/Day/Year) Execution Date, if Transaction Derivative Expiration Date Underlying Securities Date

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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)	
				Code V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Stock Option (right to buy)	\$ 42.22	12/20/2016		A	25,000 (1)		(2)	12/20/2026	Common Stock	25,000

## **Reporting Owners**

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

Greenstreet Yvonne 300 THIRD STREET CAMBRIDGE, MA 02142

EVP, Chief Commercial Officer

### **Signatures**

By: /s/ Michael P. Mason, Attorney-in-Fact For: Yvonne Greenstreet

12/22/2016

\*\*Signature of Reporting Person

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 2016 Annual Stock Option award. The reporting person also received an option to purchase 25,000 shares of ALNY common stock that will vest upon the achievement of four 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 an additional 6.25% of the shares each successive three month period thereafter.

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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