ALNYLAM PHARMACEUTICALS, INC.

Form 4

Stock

December 22, 2014

December 2	2, 2014										
FORM	FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION								OMB APPROVAL		
Ch1- 4h		Washington, D.C. 20549									
Check the if no long	ger	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF							January 31, 2005		
subject to Section	U	IENT OF CHA		DENET. RITIES	ICIA	LUWI	EKSHIP OF	Estimated a	•		
Form 4 o			SECCI					burden hou response	•		
Form 5 obligation may con See Instr 1(b).	ons Section 17(suant to Section a) of the Public 30(h) of the	Utility Hol	ding Con	npany	y Act of	1935 or Section	n			
(Print or Type	Responses)										
			2. Issuer Name and Ticker or Trading Symbol				5. Relationship of Reporting Person(s) to Issuer				
		MACEUT	ΓICALS,	INC.		(Check all applicable)					
(Last)	(First) (A	[ALN	-	·			DirectorX_ Officer (give		Owner er (specify		
(Last)	(First) (N		3. Date of Earliest Transaction Month/Day/Year)				below) below) President and COO				
C/O ALNY PHARMAC THIRD STI	CEUTICALS, INC	12/19/	•				11031				
	(Street)	4. If Ar	nendment, D	ate Origina	1		6. Individual or Jo	int/Group Filir	ng(Check		
		Filed(M	onth/Day/Yea	ır)			Applicable Line) _X_ Form filed by C)ne Reporting Pe	erson		
CAMBRID	GE, MA 02142						Form filed by M Person				
(City)	(State)	(Zip) Ta	ble I - Non-	Derivative	Secur	ities Acq	uired, Disposed of	, or Beneficial	ly Owned		
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year	Code	4. Securit or(A) or Di (Instr. 3,	sposed	d of (D)	5. Amount of Securities Beneficially Owned Following Reported	Ownership Inc Form: Direct Be (D) or Ow			
					or	ъ.	Transaction(s) (Instr. 3 and 4)				
Common Stock	12/19/2014		Code V $S_{(1)}^{(1)}$	Amount 11,200	(D)	Price \$ 100	22,392	D			
Common Stock	12/22/2014		M	1,000	A	\$ 13.12	23,392	D			
Common Stock							2,570	I	By Managed Account		

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Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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SEC 1474 (9-02)

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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. 5. Number Transaction Derivative Code Securities (Instr. 8) Acquired (A) or Disposed of (D) (Instr. 3, 4,		6. Date Exer Expiration D (Month/Day/	ate	7. Title and Amount of Underlying Securities (Instr. 3 and 4)		
				Code V	and 5)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Stock Option (Right to Buy)	\$ 13.12	12/22/2014		M		1,000	<u>(3)</u>	12/07/2015	Common Stock	1,000

Reporting Owners

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

Greene Barry E

C/O ALNYLAM PHARMACEUTICALS, INC
300 THIRD STREET

and COO

CAMBRIDGE, MA 02142

Signatures

/s/ Michael P. Mason, Attorney-in-Fact for: Barry E.

Greene 12/22/2014

**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).
- (1) The sales reported on this Form 4 were made pursuant to a Rule 10b5-1 trading plan adopted by the reporting person on February 19, 2014
- (2) The reporting person owns 2,570 shares of ALNY common stock under the ALNY 401(k) plan as a result of the ALNY 401(k) matching contribution program.

Reporting Owners 2

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(3) The stock option vests as to 25% of the shares on the first 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.