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ALNYLAN Form 4 July 11, 201	I PHARMACEU	FICALS, 1	INC.									
										OMB A	PPROV	۹L
FORM	UNITED	STATES		RITIES ashingtor				GE (COMMISSION	N OMB Number:	3235	-0287
Check the if no lor subject Section Form 4	nger STATEN 16.	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES								Estimated burden hou	Expires: January 3 ⁻ 200 Estimated average burden hours per response 0.	
Form 5 obligatio may cor <i>See</i> Inst 1(b).	ons Section 17((a) of the I	Public U		lding	Con	npany A	Act c	ge Act of 1934, of 1935 or Sectio 40	on		
(Print or Type	Responses)											
1. Name and AKEATING	Person <u>*</u>	2. Issuer Name and Ticker or Trading Symbol						5. Relationship of Reporting Person(s) to Issuer				
		ALNYLAM PHARMACEUTICALS, INC. [ALNY]						(Check all applicable)				
(Last) (First) (Middle) 300 THIRD STREET			3. Date of Earliest Transaction (Month/Day/Year) 07/07/2017						X Officer (give title Other (specify below) below) SVP, GC & Secretary			
500 11114	4. If Amendment, Date OriginalFiled(Month/Day/Year)						 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person 					
CAMBRIDGE, MA 02142												
(City)	(State)	(Zip)	Tab	ole I - Non	-Deriva	tive	Securitie	es Ac	quired, Disposed o	of, or Beneficia	lly Owne	d
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)		Date, if	3. Transacti Code (Instr. 8)	Dispo	ired osed			Securities Beneficially Owned	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Natury Indirect Benefici Ownersh (Instr. 4)	al 1ip
				Code V	Amo	unt	or (D) Pri		(Instr. 3 and 4)			
Reminder: Re	port on a separate line	e for each cla	ass of sec	urities ben	eficially	owr	ned directl	ly or	indirectly.			
					int re	form quir	ation co	onta spoi	oond to the colle ined in this form nd unless the for tly valid OMB co	i are not rm	SEC 1474 (9-02)	

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5. Number	6. Date Exercisable and	7. Title and Amount
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transactio	nof Derivative	Expiration Date	Underlying Securities

number.

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Security (Instr. 3)	or Exercise Price of Derivative Security		any (Month/Day/Year)	Code (Instr. 8	3)	Securities Acquired (A) or Disposed (D) (Instr. 3, 4 and 5)	cquired A) or visposed of D) nstr. 3, 4,		ear)	(Instr. 3 and	4)
				Code	V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amoun or Numbe of Shares
Performance Stock Option 2014 (right to buy)	\$ 96.45	07/07/2017		A <u>(1)</u>		1,987		07/07/2017	12/17/2024	Common Stock	1,987

Reporting Owners

Reporting Owner Name / Address	Relationships								
1	Director	10% Owner	Officer	Other					
KEATING LAURIE 300 THIRD STREET CAMBRIDGE, MA 02142			SVP, GC & So	ecretary					
Signatures									
By: /s/ Michael P. Mason, Atto Keating	07/11/2017								

Explanation of Responses:

* If the form is filed by more than one reporting person, *see* Instruction 4(b)(v).

**Signature of Reporting Person

** Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

On December 17, 2014, the reporting person was granted a performance based stock option to purchase shares of ALNY Common Stock. One-third of the shares subject to the option will vest upon the achievement of each of three specific clinical development and regulatory

Date

(1) Obe-find of the shares subject to the option will vest upon the achievement of each of three specific clinical development and regulatory events, as approved by our compensation committee. Effective July 7, 2017, the compensation committee of the Company determined the second performance criteria had been met and the option vested as to one-third of the shares.

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.