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ACHILLION PHARMACEUTICALS INC Form 4 November 01, 2013 OMB APPROVAL FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION OMB 3235-0287 Washington, D.C. 20549 Number: Check this box January 31, Expires: if no longer 2005 STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF subject to Estimated average **SECURITIES** Section 16. burden hours per Form 4 or response... 0.5 Form 5 Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, obligations Section 17(a) of the Public Utility Holding Company Act of 1935 or Section may continue. 30(h) of the Investment Company Act of 1940 See Instruction 1(b). (Print or Type Responses) 1. Name and Address of Reporting Person * 5. Relationship of Reporting Person(s) to 2. Issuer Name and Ticker or Trading RA CAPITAL MANAGEMENT, Issuer Symbol LLC ACHILLION (Check all applicable) PHARMACEUTICALS INC [ACHN] Director _X__ 10% Owner Officer (give title ____X___ Other (specify (Last) (First) (Middle) 3. Date of Earliest Transaction below) below) (Month/Day/Year) See Footnotes (1)-(5) C/O RA CAPITAL 10/31/2013 MANAGEMENT, LLC, 20 PARK PLAZA, SUITE 1200 (Street) 4. If Amendment, Date Original 6. Individual or Joint/Group Filing(Check Filed(Month/Day/Year) Applicable Line) Form filed by One Reporting Person _X_ Form filed by More than One Reporting BOSTON, MA 02116 Person (City) (State) (Zip) Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned 1.Title of 2. Transaction Date 2A. Deemed 3. 4. Securities Acquired (A) 5. Amount of 6. 7. Nature of Indirect Security (Month/Day/Year) Execution Date, if Transaction Disposed of (D) Securities Ownership (Instr. 3) Code (Instr. 3, 4 and 5) Beneficially Form: Beneficial anv (Month/Day/Year) (Instr. 8) Owned Direct (D) Ownership Following or Indirect (Instr. 4) Reported (I) (A) Transaction(s) (Instr. 4) or (Instr. 3 and 4) Price Code V Amount (D) Common See Stock, 275,807 10/31/2013 Р 19,550,807 Footnotes Α Ι \$0.001 (1) 2.4625 (6) (7) par value Common See Stock, 30,000 10/31/2013 Ρ \$ 2.305 19,580,807 Footnotes A Ι \$0.001 (2)(6) (7) par value 10/31/2013 Ρ А 20,411,007 Ι

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Common Stock, \$0.001 par value			830,200 (3)		\$ 2.4565			See Footnotes (6) (7)
Common Stock, \$0.001 par value	10/31/2013	Р	50,000 (<u>4)</u>	А	\$ 2.3	20,461,007 (5)	Ι	See Footnotes (6) (7)

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.

Exercisable Date

of

Shares

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.	6. Date Exer	cisable and	7. Title a	nd	8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transactio	onNumber	Expiration D	ate	Amount	of	Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Underlyin	ng	Security	Secu
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivativ	e		Securities	s	(Instr. 5)	Bene
, , ,	Derivative		· · · ·	, í	Securities	3		(Instr. 3 a	and 4)	. ,	Owne
	Security				Acquired				í.		Follo
					(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
					(Instr. 3,						× · · ·
					4, and 5)						
					.,						
								Ar	nount		
						Date	Expiration	or			
						Energiantia	1	Title Nu	ımber		

Code V (A) (D)

Reporting Owners

Reporting Owner Name / Address	Relationships					
	Director	10% Owner	Officer	Other		
RA CAPITAL MANAGEMENT, LLC C/O RA CAPITAL MANAGEMENT, LLC 20 PARK PLAZA, SUITE 1200 BOSTON, MA 02116		Х		See Footnotes (1)-(5)		
Kolchinsky Peter C/O RA CAPITAL MANAGEMENT, LLC 20 PARK PLAZA, SUITE 1200 BOSTON, MA 02116		Х		See Footnotes (1)-(5)		
RA Capital Healthcare Fund LP C/O RA CAPITAL MANAGEMENT, LLC		Х		See Footnotes (1)-(5)		

20 PARK PLAZA, SUITE 1200 BOSTON, MA 02116

Signatures

/s/ Peter Kolchinsky, Manager of RA Capital Management, LLC			
**Signature of Reporting Person	Date		
/s/ Peter Kolchinsky, individually	11/01/2013		
**Signature of Reporting Person	Date		
/s/ Peter Kolchinsky, Manager of RA Capital Management, LLC, the General Partner of RA Capital Healthcare Fund, L.P.			
**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 securities purchased include 216,510 shares for RA Capital Healthcare Fund, L.P. (the "Fund") and 59,297 shares for an account owned by Blackwell Partners, LLC (the "Blackwell Account").
- (2) The securities purchased include 23,550 shares for the Fund and 6,450 shares for the Blackwell Account.
- (3) The securities purchased include 651,708 shares for the Fund and 178,492 shares for the Blackwell Account.
- (4) The securities purchased include 39,251 shares for the Fund and 10,749 shares for the Blackwell Account.
- (5) Following the transactions set forth on Table I above, 15,830,164 shares are held by the Fund, and 4,630,843 shares are held in the Blackwell Account.

RA Capital Management, LLC (the "Adviser") is the general partner of the Fund and the investment adviser of the Blackwell Account.(6) Peter Kolchinsky is the sole manager of the Adviser. In their respective capacities, each of Mr. Kolchinsky and the Adviser may be deemed to beneficially own the reported securities.

Pursuant to Rule 16a-1 under the Securities Exchange Act of 1934, as amended (the "Act"), each of the Reporting Persons disclaims beneficial ownership of the securities reported herein except to the extent of their respective pecuniary interests therein. The filing of this

(7) Form 4 shall not be construed as an admission that Mr. Kolchinsky or the Adviser is or was for the purposes of Section 16(a) of the Act, or otherwise, the beneficial owner of any of securities reported herein.

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.