ACORDA THERAPEUTICS INC

Form 4

September 12, 2007

FORM 4

Check this box

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

SECURITIES

OMB Number:

3235-0287

Expires:

January 31, 2005

0.5

Estimated average

OMB APPROVAL

burden hours per

response...

if no longer subject to Section 16. Form 4 or Form 5 obligations

may continue.

See Instruction

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 Section

30(h) of the Investment Company Act of 1940

1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person * COHEN RON			2. Issuer Name and Ticker or Trading Symbol	5. Relationship of Reporting Person(s) to Issuer			
			ACORDA THERAPEUTICS INC [ACOR]	(Check all applicable)			
(Last)	(First)	(Middle)	3. Date of Earliest Transaction	Director 10% Owner			
15 SKYLINE DRIVE			(Month/Day/Year)	X Officer (give title Other (spec below)			
			09/10/2007	President and CEO			
(Street)			4. If Amendment, Date Original	6. Individual or Joint/Group Filing(Check			
			Filed(Month/Day/Year)	Applicable Line)			
				X Form filed by One Reporting Person			
HAWTHORNE, NY 10532				Form filed by More than One Reporting Person			

(City)	(State) (Z	Zip) Table	e I - Non-D	erivative :	Securi	ities Acqu	iired, Disposed of	f, 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)	3. Transactio Code (Instr. 8)	4. Securities Accion(A) or Disposed (Instr. 3, 4 and 5		d of (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)
Restricted Stock	09/10/2007(1)		Code V S	Amount 500	(D)	Price \$ 16.51	155,884	D	
Restricted Stock	09/10/2007(1)		S	1,000	D	\$ 16.48	154,884	D	
Restricted Stock	09/10/2007(1)		S	100	D	\$ 16.45	154,784	D	
Restricted Stock	09/10/2007(1)		S	500	D	\$ 16.28	154,284	D	
Restricted Stock	09/10/2007(1)		S	300	D	\$ 16.16	153,984	D	

Edgar Filing: ACORDA THERAPEUTICS INC - Form 4

Restricted Stock	09/10/2007(1)	S	100	D	\$ 16.11	153,884	D
Restricted Stock	09/10/2007 <u>(1)</u>	S	938	D	\$ 16.09	152,946	D
Restricted Stock	09/10/2007(1)	S	900	D	\$ 16.08	152,046	D
Restricted Stock	09/10/2007 <u>(1)</u>	S	1,000	D	\$ 16.03	151,046	D
Restricted Stock	09/10/2007 <u>(1)</u>	S	1,162	D	\$ 16	149,884	D
Restricted Stock	09/10/2007(1)	S	500	D	\$ 15.98	149,384	D
Restricted Stock	09/10/2007(1)	S	500	D	\$ 15.97	148,884	D
Restricted Stock	09/10/2007(1)	S	500	D	\$ 15.93	148,384	D

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.

SEC 1474 (9-02)

> 9. Nu Deriv Secur Bene Own Follo Repo Trans (Instr

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 Exerc	cisable and	7. Titl	le and	8. Price of	9
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transacti	onNumber	Expiration Da	ate	Amou	int of	Derivative	J
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Under	rlying	Security	,
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Secur	ities	(Instr. 5)]
	Derivative				Securities			(Instr.	3 and 4)		(
	Security				Acquired						J
					(A) or						J
					Disposed						-
					of (D)						(
					(Instr. 3,						
					4, and 5)						
									A		
									Amount		
						Date	Expiration	m: d	or		
						Exercisable	Date	Title	Number		
				G 1 17	(A) (B)				of		
				Code V	(A) (D)				Shares		

Reporting Owners

Reporting Owner Name / Address		Relationships	

Director 10% Owner Officer Other

Reporting Owners 2

Edgar Filing: ACORDA THERAPEUTICS INC - Form 4

COHEN RON 15 SKYLINE DRIVE HAWTHORNE, NY 10532

President and CEO

Signatures

/s/ Ron Cohen 09/12/2007

**Signature of Date
Reporting Person

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) Sale pursuant to a 10b5-1 plan.

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.

Signatures 3