#### ACCELERON PHARMA INC

Form 4/A April 08, 2015

## FORM 4

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

**SECURITIES** 

**OMB** 

Expires:

Number:

January 31, 2005

0.5

3235-0287

Estimated average

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response...

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

Check this box

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).

(Last)

Security

(Instr. 3)

(Print or Type Responses)

1. Name and Address of Reporting Person \*

KANIA EDWIN M JR

2. Issuer Name and Ticker or Trading

Symbol

ACCELERON PHARMA INC

[XLRN]

3. Date of Earliest Transaction

(Month/Day/Year) 01/08/2015

5. Relationship of Reporting Person(s) to

Issuer

(Check all applicable)

10% Owner

C/O FLAGSHIP VENTURES. 1

(First)

(Street)

(Middle)

MEMORIAL DRIVE

4. If Amendment, Date Original

Filed(Month/Day/Year)

01/09/2015

Officer (give title Other (specify below)

6. Individual or Joint/Group Filing(Check Applicable Line)

X\_ Director

\_X\_ Form filed by One Reporting Person Form filed by More than One Reporting

CAMBRIDGE, MA 02142

(City) (State) (Zip) 1. Title of 2. Transaction Date 2A. Deemed

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned 3. (Month/Day/Year) Execution Date, if

4. Securities TransactionAcquired (A) or Code Disposed of (D) (Instr. 3, 4 and 5) (Instr. 8)

Code V Amount (D) Price

5. Amount of Securities Beneficially Owned Following

6. Ownership 7. Nature of Form: Direct Indirect (D) or Indirect Beneficial (I) Ownership (Instr. 4) (Instr. 4)

Reported

Transaction(s) (Instr. 3 and 4)

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

(Month/Day/Year)

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)

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Conversion

3. Transaction Date 3A. Deemed (Month/Day/Year) Execution Date, if TransactionDerivative

5. Number of

(A)

or

6. Date Exercisable and **Expiration Date** 

7. Title and Amount of **Underlying Securities** 

#### Edgar Filing: ACCELERON PHARMA INC - Form 4/A

Security (Instr. 3)	or Exercise Price of Derivative Security		any (Month/Day/Year)	Code (Instr. 3	8)	Securities Acquired or Dispose (D) (Instr. 3, 4 and 5)	(A) ed of	(Month/Day/	Year)	(Instr. 3 and 4)	
				Code	V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Option to Purchase Common Stock	\$ 41.2	01/08/2015		A		10,000		<u>(1)</u>	01/08/2025	Common Stock	10,000

## **Reporting Owners**

Reporting Owner Name / Address	Relationships						
•	Director	10% Owner	Officer	Other			
KANIA EDWIN M JR C/O FLAGSHIP VENTURES 1 MEMORIAL DRIVE CAMBRIDGE, MA 02142	X						

## **Signatures**

/s/ John D. Quisel, as attorney-in-fact for Edwin Kania 04/08/2015

\*\*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).
- The shares of common stock underlying this stock option award vest in full on the one year anniversary of the grant date. The vesting (1) schedule for this stock option award included on the Form 4 filed on January 9, 2015 for this reporting person incorrectly stated that the shares of common stock underlying this stock option award vest in equal quarterly installments over the first three years after the grant.

#### **Remarks:**

As noted in footnote 1, this Form 4/A amends the Form 4 filed on January 9, 2015 for this reporting person.

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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