Edgar Filing: ACORDA THERAPEUTICS INC - Form 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue STATEMENT O STATEMENT O	S SECURITIES AND EXCHANGE (Washington, D.C. 20549 F CHANGES IN BENEFICIAL OW SECURITIES Section 16(a) of the Securities Exchang Public Utility Holding Company Act of of the Investment Company Act of 194	NERSHIP OF NERSHIP OF NUMber: 3235-0287 Number: January 31, 2005 Estimated average burden hours per response 0.5 e Act of 1934, f 1935 or Section		
(Print or Type Responses)				
1. Name and Address of Reporting Person <u>*</u> ROGERS MICHAEL W	2. Issuer Name and Ticker or Trading Symbol ACORDA THERAPEUTICS INC [ACOR]	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)		
(Last) (First) (Middle) 420 SAW MILL RIVER ROAD	3. Date of Earliest Transaction (Month/Day/Year) 10/07/2013	Director 10% Owner X Officer (give title Other (specify below) Chief Financial Officer		
(Street) ARDSLEY, NY 10502	4. If Amendment, Date Original Filed(Month/Day/Year)	 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person 		
(City) (State) (Zip)	Table I - Non-Derivative Securities Acc	uired, Disposed of, or Beneficially Owned		
	med 3. 4. Securities Acquired on Date, if Transaction(A) or Disposed of Code (D) Day/Year) (Instr. 8) (Instr. 3, 4 and 5) (A) or Code V Amount (D) Price			
Common 10/07/2013 Stock	A $\frac{45,600}{(1)}$ A \$0	45,600 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.

 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. Transactio Code (Instr. 8)	5. Number o prDerivative Securities Acquired (A Disposed of (Instr. 3, 4, a 5)	.) or (D)	6. Date Exerce Expiration D (Month/Day/	ate	7. Title and A Underlying S (Instr. 3 and	Securities
				Code V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount Number Shares
Employee Stock Option (right to buy)	\$ 35.91	10/07/2013		A	136,900		(2)	10/07/2023	Common Stock	136,90

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Reporting Owners

Reporting Owner Name / Address	Relationships			
reporting of the runner runn of	Director	10% Owner	Officer	Other
ROGERS MICHAEL W 420 SAW MILL RIVER ROAD ARDSLEY, NY 10502			Chief Financial Officer	
Signatures				

/s/ Michael W.	
Rogers	10/09/2013
<u>**</u> 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).

Restricted Shares issued under the Company's 2006 Employee Incentive Plan. The shares will vest 25% every year for four years with vest dates of October 7, 2014, October 7, 2015, October 7, 2016, and October 7, 2017. If Mr. Rogers' employment terminates prior to the

- (1) second anniversary of his commencement of employment for any reason other than a change in control, then with respect to all Restricted Shares that have vested as of such time, he must either repay to the Company the fair market value of such shares as of their vesting date(s) or surrender such Restricted Shares to the Company (in either case, subject to offset by any net and unrecoverable tax liability incurred by Mr. Rogers arising from the prior vesting of such shares).
- (2) 25% of the shares subject to this option vest on October 7, 2014. The balance of the shares subject to this option vest in equal quarterly installments over the three years 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.