Edgar Filing: BIOGEN IDEC INC. - Form 4

BIOGEN II	DEC INC.									
Form 4										
February 25	5, 2015									
FORM	ΛΔ								PPROVAL	
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549							N OMB Number:	3235-0287		
Check th if no lon	nger							Expires:	January 3	
subject to STATEMENT OF CHANGE					GES IN BENEFICIAL OWNERSHIP OF				ated average	
Section Form 4		SECURITIES						burden ho	•	
Form 5		rsuant to S	Section	16(a) of th	ne Securiti	es Excha	nge Act of 1934,	response	. ().5
obligatio	ons Section 17(of 1935 or Section	on		
may con <i>See</i> Instr	iunue.			•	t Company	• •				
1(b).	ruction				1.	·				
(Print or Type	Responses)									
A manuaria Taslaanaa Curuuidan				2. Issuer Name and Ticker or Trading			5. Relationship of Reporting Person(s) to Issuer			
Aitavailis-	Symbol			BI						
(*)		BIOGEN IDEC INC. [BIIB]			D]	(Check all applicable)				
(Last) (First) (Middle)			3. Date of Earliest Transaction				Director	100	7. Owner	
				(Month/Day/Year) 02/23/2015			X Officer (give title Other (specify			
STREET			02/23/2013				below) below) SVP, Chief Scientific Officer			
	(Street)		4 If Am	andmant D	ata Original		,			
				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			
CAMBRID	OGE, MA 02142						Form filed by Person	More than One R	eporting	
(City)	(State)	(Zip)	Tal	ole I - Non-J	Derivative S	Securities A	cquired, Disposed	of, or Beneficia	lly Owned	
1.Title of	2. Transaction Date	2A. Deem	ed	3.	4. Securitie	es	5. Amount of	6. Ownership	7. Nature of	
Security	(Month/Day/Year)	Execution Date, if any (Month/Day/Year)		TransactionAcquired (A) or Code Disposed of (D) (Instr. 8) (Instr. 3, 4 and 5)			Form: Direct	Indirect		
(Instr. 3)							•	(D) or Indirect (I)	Ownership	
		(infondia De	<i>xy</i> , 10 <i>a</i> 1)	(Insu: 0)	(11541-5, 1	und 5)	Following	(Instr. 4)	(Instr. 4)	
						(A)	Reported			
						or	Transaction(s) (Instr. 3 and 4)			
				Code V	Amount	(D) Price	(

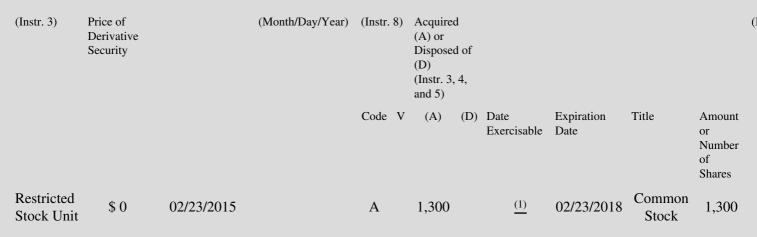
Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

Persons who respond to the collection of information contained in this form are not (9-02) 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	2.	3. Transaction Date	3A. Deemed	4.	5. Number	6. Date Exercisable and	7. Title and Amount of	8
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transactio	onof Derivative	Expiration Date	Underlying Securities	D
Security	or Exercise		any	Code	Securities	(Month/Day/Year)	(Instr. 3 and 4)	S

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Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
Artavanis-Tsakonas Spyridon BIOGEN IDEC INC. 225 BINNEY STREET CAMBRIDGE, MA 02142			SVP, Chief Scienti	fic Officer			
Signatures							
Matthew S. Gilman, Attorney i Artavanis-Tsakonas	n Fact foi	02/25/2015					

**Signature of 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).

The number of RSUs reported represents the maximum possible number of shares that are eligible for vesting, which is 200% of the number of shares at target payout. One-third of these RSUs are eligible to vest on each of the first three anniversaries of the grant date.

Date

(1) The actual number of shares that will vest on each vesting date will be determined by comparing the price of Biogen Idec common stock on such vesting date to the price on the grant date (i.e., number of vested shares = number of shares at target payout times [the 30-day average closing stock price ending on the vesting date divided by the 30-day average closing stock price on the grant date]).

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.