## Edgar Filing: STARR KEVIN P - Form 4

Form 4	EVIN P										
<b>FORM</b> Check to if no lo subject Section Form 4 Form 5 obligati may co	Ine 10, 2005FORM 4Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See InstructionTable 2Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See InstructionCheck this box if no longer subject to Section 16. Form 5 obligations may continue. See InstructionCheck this box if no longer 							N OMB Number: Expires: Estimated burden hou response	Number:3235-0287Number:January 31Expires:2005Estimated averageburden hours perresponse0.5		
(Print or Type	e Responses)										
1. Name and Address of Reporting Person <u>*</u> STARR KEVIN P			2. Issuer Name <b>and</b> Ticker or Trading Symbol ALNYLAM PHARMACEUTICALS, INC. [ALNY]			5. Relationship of Reporting Person(s) to Issuer (Check all applicable) _X_Director10% Owner					
(Last) C/O ALNY PHARMA THIRD ST	YLAM CEUTICALS, IN	Middle) C., 300		of Earliest T Day/Year) 2005	ransaction			ve titleOth below)			
(Street) CAMBRIDGE, MA 02142			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)	Tab	ole I - Non-I	Derivative	Securities A	cquired, Disposed	of, or Beneficia	lly Owned		
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemo Execution any (Month/Da	Date, if	3. Transactio Code (Instr. 8) Code V	Disposed (Instr. 3,	(A) or 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)		
Reminder: Re	eport on a separate line	e for each cla	ass of sec	urities benef	ficially ow	ned directly	or indirectly.				
					inforı requi	nation cont red to resp	spond to the colle tained in this form ond unless the fo ntly valid OMB co	n are not rm	SEC 1474 (9-02)		

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

number.

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1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	Transaction Date 3A. Deemed Ionth/Day/Year) Execution Date, if any (Month/Day/Year)		5. Number of orDerivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Stock Option (right to buy)	\$ 7.08	06/08/2005		А	10,000	06/08/2006	06/08/2015	Common Stock	10,000
Stock Option (right to buy)	\$ 7.08	06/08/2005		A	10,000	06/08/2006	06/08/2015	Common Stock	10,000

## **Reporting Owners**

<b>Reporting Owner</b>	Relationships					
	Director	10% Owner	Officer	Other		
STARR KEVIN P C/O ALNYLAM PHARM 300 THIRD STREET CAMBRIDGE, MA 0214	Х					
Signatures						
/s/ Kevin P. Starr	06/10/2005					
<b>**</b> Signature of Reporting Person	Date					
Explanation of	Deenenees					

## **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).

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.