ALNYLAM PHARMACEUTICALS, INC.

Form 4 July 12, 2013

FORM 4

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

OMB

OMB APPROVAL

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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES**

Form 5 obligations may continue. See Instruction

Check this box

if no longer

Section 16.

Form 4 or

subject to

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 * MARAGANORE JOHN

2. Issuer Name and Ticker or Trading

Symbol

Issuer

ALNYLAM

PHARMACEUTICALS, INC.

X Director X_ Officer (give title

below)

10% Owner Other (specify

[ALNY]

(Last) (First) (Middle) 3. Date of Earliest Transaction

(Month/Day/Year) 07/10/2013

Chief Executive Officer

(Check all applicable)

5. Relationship of Reporting Person(s) to

C/O ALNYLAM PHARMACEUTICALS, INC., 300

THIRD STREET

Common

Stock

(Street) 4. If Amendment, Date Original

Filed(Month/Day/Year)

6. Individual or Joint/Group Filing(Check

Applicable Line)

2,533

I

X Form filed by One Reporting Person Form filed by More than One Reporting

CAMBRIDGE, MA 02142

(City)	(State)	(Zip) Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially 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. Securitionor Disposi (Instr. 3, 4	ed of	` '	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)	
Common Stock	07/10/2013		M(1)	60,000	A	\$ 0.95	78,617	D		
Common Stock	07/10/2013		S(1)	60,000	D	\$ 37.1137 (2)	18,617	D		
									By	

Managed

Account (3)

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

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Chief Executive Officer

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 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 of ionDerivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		Expiration Date (Month/Day/Year) A)		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)	\$ 0.95	07/10/2013		M <u>(1)</u>		60,000	<u>(4)</u>	01/06/2014(1)	Common Stock	60,000

Reporting Owners

Reporting Owner Name / Address	Relationships						
. 9	Director	10% Owner	Officer	Other			

MARAGANORE JOHN

C/O ALNYLAM PHARMACEUTICALS, INC.

300 THIRD STREET

CAMBRIDGE, MA 02142

Signatures

/s/ Michael P. Mason, Attorney-in-Fact For: John M.
Maraganore

07/12/2013

**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).
- (1) The sales reported on this Form 4 were made pursuant to a Rule 10b5-1 trading plan adopted by the reporting person on November 29, 2012. The options exercised and sold by the reporting person were due to expire on January 6, 2014.
- (2) Sale prices ranged from \$36.84 to \$37.67.
- (3) The reporting person owns 2,533 shares of ALNY common stock under the ALNY 401(k) plan as a result of the ALNY 401(k) matching contribution program.

Reporting Owners 2

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(4) The stock option vested as to 25% of the shares on the first anniversary of the date of the stock option grant and as to an additional 6.25% of the shares each successive three month period 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.