#### MOMENTA PHARMACEUTICALS INC

Form 4 July 16, 2015

## FORM 4

Form 4 or

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

Check this box if no longer subject to Section 16.

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

Form 5 Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, obligations Section 17(a) of the Public Utility Holding Company Act of 1935 or Section may continue. 30(h) of the Investment Company Act of 1940 See Instruction

1(b).

(Print or Type Responses)

C/O MOMENTA

1. Name and Address of Reporting Person \*

Stoner Elizabeth

**MOMENTA** PHARMACEUTICALS INC

2. Issuer Name and Ticker or Trading

[MNTA]

Symbol

(Last) (First) (Middle) 3. Date of Earliest Transaction (Month/Day/Year) 07/15/2015

PHARMACEUTICALS, INC., 675 WEST KENDALL STREET

07/15/2015

Stock

CAMBRIDGE, MA 02142

(Street) 4. If Amendment, Date Original

Filed(Month/Day/Year)

6. Individual or Joint/Group Filing(Check

\_X\_\_ Director

Officer (give title

Applicable Line)

Issuer

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

D

13,240

5. Relationship of Reporting Person(s) to

(Check all applicable)

10% Owner \_ Other (specify

**OMB APPROVAL** 

Estimated average

burden hours per

3235-0287

January 31,

2005

0.5

**OMB** 

Number:

Expires:

response...

(City)	(State) (	Zip) Table	e I - Non-D	erivative :	Securi	ities Acqu	iired, Disposed of	, or Beneficial	y 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)			5. Amount of Securities Ownership Beneficially Form: Direct Owned (D) or Following Indirect (I) Reported (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)	
			Code V	Amount	or (D)	Price	Transaction(s) (Instr. 3 and 4)		
Common Stock	07/15/2015		M <u>(1)</u>	1,667	A	\$ 6.79	12,810	D	
Common Stock	07/15/2015		S(1)	1,086	D	\$ 22.35	11,724	D	
Common Stock	07/15/2015		M(1)	5,000	A	\$ 8.85	16,724	D	
Common	07/15/2015		<b>c</b> (1)	2 101	D	\$	12 240	D	

3,484

 $S^{(1)}$ 

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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.

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. Transaction Code (Instr. 8)	5. Number on Derivative 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)	\$ 6.79	07/15/2015		M <u>(1)</u>		1,667	12/14/2008	12/14/2017	Common Stock	1,667
Stock Option (Right to Buy)	\$ 8.85	07/15/2015		M <u>(1)</u>		5,000	06/11/2010	06/11/2019	Common Stock	5,000

# **Reporting Owners**

Reporting Owner Name / Address	Relationships					
,	Director	10% Owner	Officer	Other		
Stoner Elizabeth						
C/O MOMENTA PHARMACEUTICALS, INC.	X					
675 WEST KENDALL STREET	Λ					
CAMBRIDGE MA 02142						

# **Signatures**

/s/ Marie T. Washburn as attorney in fact 07/16/2015

\*\*Signature of Reporting Person Date

Reporting Owners 2

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## **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) This sale was effected pursuant to a Rule 10b5-1 trading plan adopted by the reporting person on May 15, 2015.

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.