### Edgar Filing: ACCELERON PHARMA INC - Form 4

ACCELERO Form 4 July 07, 2016	N PHARMA IN	С									
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549								-	PROVAL 3235-0287		
Check thi if no long subject to Section 10 Form 4 or Form 5	<ul> <li>STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF</li> <li>SECURITIES</li> <li>r</li> </ul>								burden hou	Expires:January 31, 2005Estimated average burden hours per response0.5	
Form 5 obligations may continue. See Instruction 1(b). 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								on			
(Print or Type R	(esponses)										
1. Name and Address of Reporting Person <sup>*</sup> Sherman Matthew L			2. Issuer Name <b>and</b> Ticker or Trading Symbol ACCELERON PHARMA INC [XLRN]				-	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
(Last) (First) (Middle) 128 SIDNEY STREET (Street)			3. Date of Earliest Transaction (Month/Day/Year) 07/07/2016					Director 10% Owner X_ Officer (give title Other (specify below) EVP & Chief Medical Officer			
			4. If Amendment, Date Original Filed(Month/Day/Year)					<ul> <li>6. Individual or Joint/Group Filing(Check</li> <li>Applicable Line)</li> <li>_X_ Form filed by One Reporting Person</li> <li> Form filed by More than One Reporting</li> </ul>			
CAMBRIDO	GE, MA 02139							Person	More than One Re	eporting	
(City)	(State)	(Zip)	Table	e I - Non-D	erivative	Securi	ities Acc	uired, Disposed o	f, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction Dat (Month/Day/Year)	Executio any	on Date, if	3. Transactic Code (Instr. 8)	on(A) or D (D)	ispose	d of	5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Indirect Beneficial	
Common Stock	07/07/2016			Code V M	Amount 6,000	(D) A	Price \$ 5.28	(Instr. 3 and 4) 79,604	D		
Common Stock								8,500	I	By GRAT	

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.

#### Edgar Filing: ACCELERON PHARMA INC - Form 4

# 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. Transactic Code (Instr. 8)	5. Number out f 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)		8. De Se (In
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Option to Purchase Common Stock	\$ 5.28	07/07/2016		М	6,000	<u>(1)</u>	12/16/2021	Common Stock	6,000	

## **Reporting Owners**

<b>Reporting Owner Name / Address</b>	Relationships						
	Director	10% Owner	Officer	Other			
Sherman Matthew L 128 SIDNEY STREET CAMBRIDGE, MA 02139			EVP & Chief Medical Officer				
Signatures							
/s/ John D. Quisel, as attorney-i Sherman	n-fact for	07/07/2016					
**Signature of Repo	rting 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 options of registrant's common stock vested in equal quarterly installments over the first four years after the grant.

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.