Dicerna Pharmaceuticals Inc Form 4

December 16, 2014

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

Check this box

if no longer subject to Section 16. Form 4 or

Form 5 obligations may continue.

See Instruction

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

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

(Print or Type Responses)

1(b).

1. Name and Address of Reporting Person \*

Ashburn Theodore

(Last) (First) (Middle)

C/O DICERNA PHARMACEUTICALS, INC., 480 ARSENAL STREET BUILDING 1,

**SUITE 120** 

(Street)

WATERTOWN, MA 02472

2. Issuer Name and Ticker or Trading

Symbol

Dicerna Pharmaceuticals Inc [DRNA]

3. Date of Earliest Transaction

4. If Amendment, Date Original

Filed(Month/Day/Year)

(Month/Day/Year) 12/15/2014

5. Relationship of Reporting Person(s) to

Issuer

(Check all applicable)

**OMB APPROVAL** 

3235-0287

January 31,

2005

0.5

OMB

Number:

Expires:

response...

Estimated average

burden hours per

Director 10% Owner X\_ Officer (give title Other (specify

below) See Remarks

6. Individual or Joint/Group Filing(Check

Applicable Line)

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

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1.Title of Security (Instr. 3)

(City)

2. Transaction Date 2A. Deemed (Month/Day/Year) Execution Date, if

(State)

any

(Zip)

(Month/Day/Year)

3. 4. Securities TransactionAcquired (A) or Code Disposed of (D) (Instr. 8)

Code V Amount (D)

(Instr. 3, 4 and 5)

5. Amount of Securities Beneficially Owned Following Reported Transaction(s) 6. Ownership 7. Nature of Form: Direct Indirect (D) or Indirect Beneficial Ownership (Instr. 4)

(Instr. 4)

(A)

or

Price

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

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(Instr. 3 and 4)

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

## Edgar Filing: Dicerna Pharmaceuticals Inc - Form 4

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 of or 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 Number Shares
Employee Stock Option (Right to Buy)	\$ 13.08	12/15/2014		A	115,000	<u>(1)</u>	12/15/2024	Common Stock	115,00
Employee Stock Option (Right to Buy)	\$ 13.08	12/15/2014		A	115,000	<u>(2)</u>	12/15/2024	Common Stock	115,00

# **Reporting Owners**

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

Ashburn Theodore C/O DICERNA PHARMACEUTICALS, INC. 480 ARSENAL STREET BUILDING 1, SUITE 120 WATERTOWN, MA 02472

See Remarks

## **Signatures**

/s/ Theodore T.
Ashburn 12/16/2014

\*\*Signature of Reporting 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).
  - The option vests as to one-fourth of the underlying shares on the one year anniversary of the date of grant and as to the remaining
- (1) three-quarters of the shares in thirty six monthly installments thereafter, subject in each case to the recipient's continued service though the applicable vesting date.
- (2) The vesting of this option is subject to achievement of pre-established performance goals.

### **Remarks:**

Senior Vice President, Product Strategy and Operations

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.

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