Edgar Filing: MEDICINES CO /DE - Form 4

MEDICINES	S CO /DE										
Form 4											
February 20,	2008										
FORM	14								-	PPROVAL	
	UNITE	D STATES		RITIES A Shington,			NGE C	OMMISSION	OMB Number:	3235-0287	
Check this box if no longer subject to Section 16. Form 4 or Form 5 Filed pursuant to Section 16(a) of the Securities				ies E	xchange	e Act of 1934,	Expires: Estimated a burden hou response	-			
may cont <i>See</i> Instru 1(b).	inue. Section 1			vestment	•	· ·		1935 or Section 0	n		
(Print or Type F	Responses)										
1. Name and Address of Reporting Person <u>*</u> Newberry Catharine S			2. Issuer Name and Ticker or Trading Symbol MEDICINES CO /DE [MDCO]				C	5. Relationship of Reporting Person(s) to Issuer			
(Last)	(First)	(Middle)	3. Date of	Earliest Tr	ansaction			(Chec	k all applicable	;)	
THE MEDIO CAMPUS D	CINES COMP. DRIVE	. ,	(Month/D 02/15/20	ay/Year)				Director X Officer (give below) Senior		o Owner er (specify t	
				. If Amendment, Date Original iled(Month/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person			
PARSIPPA	NY, NJ 07054							Form filed by M Person			
(City)	(State)	(Zip)	Tabl	e I - Non-D	erivative	Securi	ities Acq	uired, Disposed of	, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction D (Month/Day/Yea	ar) Executio any	ned n Date, if Day/Year)	3. Transactio Code (Instr. 8)	4. Securi on(A) or Di (Instr. 3,	sposed	d of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		
9				Code V	Amount	or (D)	Price	(Instr. 3 and 4)			
Common stock	02/15/2008			А	3,420	А	\$ 19.36	5,043	D		

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.

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

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1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5. Number of	6. Date Exer	cisable and	7. Title and A	Amount of	8
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transactio	orDerivative	Expiration D	ate	Underlying S	Securities	Ľ
Security	or Exercise		any	Code	Securities	(Month/Day/	Year)	(Instr. 3 and	4)	S
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Acquired (A)					(
	Derivative				or Disposed of					
	Security				(D)					
					(Instr. 3, 4,					
					and 5)					
						D (F • .•		Amount	
						Date	Expiration	Title	or	
						Exercisable	Date		Number	
				Code V	(A) (D)				of Shares	
Option								C		
(right to	\$ 19.36	02/15/2008		А	31,390	(1)	02/15/2018	Common	31,390	
buy)	φ 19 10 0	02/10/2000			01,050	—	02/10/2010	stock	01,050	
(Juy)										

Reporting Owners

Reporting Owner Name / Address	Relationships							
	Director	10% Owner	Officer	Other				
Newberry Catharine S THE MEDICINES COMPANY 8 CAMPUS DRIVE PARSIPPANY, NJ 07054			Senior Vice Pr	resident				
Signatures								
/s/ Paul M. Antinori Attorney-in-Fact for Catharine S. Newberry			02/20/2008					
<u>**</u> Signature of Repor	ting 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 option vests in 48 equal monthly installments beginning on 3/15/08.

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.