Edgar Filing: Antinori Paul Michael - Form 4

Antinori Pau	l Michael											
Form 4												
September 0	4, 2012											
FORM 4 UNITED STATES SECURITIES AND EXCHA							NCEO	OMMISSION	OMB APPROVAL			
	UNITE	DSIAIE						NGE U		OMB Number:	3235-0287	
Check this box if no longer which the STATEMENT OF				Washington, D.C. 20549 CHANGES IN BENEFICIAL OWNE						Expires:	January 31 2005	
subject to STATEMENT OF CHA Section 16. Form 4 or				SECURITIES						Estimated average burden hours per response 0.8		
Form 5	Filed 1	oursuant to	Section 1	6(a) of	the	Securit	ies E	xchang	e Act of 1934,	10000100	0.0	
obligation may cont	ns Section	•						•	1935 or Section	ı		
See Instru 1(b).		30(h)	of the In	vestme	nt (Compan	y Ac	t of 194	0			
(Print or Type I	Responses)											
Antinori Paul Michael Symbol			Symbol	ol					5. Relationship of Reporting Person(s) to Issuer			
			MEDIC	CINES CO /DE [MDCO] (Chea					ck all applicable)			
(Last)	(First)											
			n/Day/Year)					Director 10% Owner X_ Officer (give title Other (specify				
0 JILVAN	WAI		08/31/2	012					below)	below) c General Cour		
(Street) 4. If Amo			4. If Ame	endment, Date Original					6. Individual or Joint/Group Filing(Check			
			Filed(Mor	nth/Day/Y	ear)				Applicable Line)	na Danastina Da		
PARSIPPA	NY, NJ 07054								_X_ Form filed by C Form filed by M Person			
(City)	(State)	(Zip)	Tabl	e I - Nor	1-De	erivative	Secur	ities Acq	uired, Disposed of	, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction Date 2A. Deen (Month/Day/Year) Execution any (Month/E					4. Securities Acquired on(A) or Disposed of (D) (Instr. 3, 4 and 5)			Securities Beneficially Owned	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		
				Code	v	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)			
Common Stock	08/31/2012			J <u>(1)</u>		383	Α	\$ 18.44	53,878	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)

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. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)			Amou Unde Secur	le and unt of rlying ities . 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

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Reporting Owners

Reporting Owner Name / Ad	dress	Relationships								
	Director	10% Owner	Officer	Other						
Antinori Paul Michael	Sr. VP &									
8 SYLVAN WAY	General									
PARSIPPANY, NJ 07054		Counsel								
Signatures										
/s/ Paul M. Antinori	09/04/2012									

**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) Acquired under The Medicines Company employee stock purchase program on 8/31/2012.

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.