

MEDICINES CO /DE  
Form 3  
March 04, 2014

**FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION**  
**Washington, D.C. 20549**

OMB APPROVAL

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**INITIAL STATEMENT OF 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. Name and Address of Reporting Person *		2. Date of Event Requiring Statement	3. Issuer Name <b>and</b> Ticker or Trading Symbol	
Â Heiman Cornelis		(Month/Day/Year)	MEDICINES CO /DE [MDCO]	
(Last)	(First)	(Middle)	03/03/2014	
8 SYLVAN WAY			4. Relationship of Reporting Person(s) to Issuer	5. If Amendment, Date Original Filed(Month/Day/Year)
(Street)			(Check all applicable)	
PARSIPPANY,Â NJÂ 07054			<input type="checkbox"/> Director <input type="checkbox"/> 10% Owner	6. Individual or Joint/Group Filing(Check Applicable Line)
(City)	(State)	(Zip)	<input checked="" type="checkbox"/> Officer <input type="checkbox"/> Other	<input checked="" type="checkbox"/> Form filed by One Reporting Person
			(give title below) (specify below)	<input type="checkbox"/> Form filed by More than One Reporting Person
			EVP, Chief Innovation Officer	

**Table I - Non-Derivative Securities Beneficially Owned**

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
Common Stock <sup>(1)</sup>	11,457 <sup>(2)</sup>	D	Â

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly. SEC 1473 (7-02)

**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 Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)**

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)	3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)	4. Conversion or Exercise Price of Derivative Security	5. Ownership Form of Derivative Security: Direct (D) or Indirect	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date	Title	Amount or Number of	

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				Shares		(I) (Instr. 5)	
Stock Option (right-to-buy)	Â (3)	06/01/2022	Common Stock	100,000	\$ 21.74	D	Â
Stock Option (right-to-buy)	Â (4)	03/01/2023	Common Stock	55,244	\$ 31.49	D	Â
Stock Option (right-to-buy)	Â (5)	03/01/2024	Common Stock	25,072	\$ 30.55	D	Â

## Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
Heiman Cornelis 8 SYLVAN WAY PARSIPPANY, NJ 07054	Â	Â	Â EVP, Chief Innovation Officer	Â

## Signatures

/s/ Stephen M. Rodin, Attorney-in-Fact for Cornelis  
Heiman 03/04/2014

\_\_Signature of Reporting Person

Date

## Explanation of Responses:

- \* If the form is filed by more than one reporting person, *see* Instruction 5(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 reporting person was appointed Executive Vice President, Chief Innovation Officer of the Issuer effective March 3, 2014.
- (2) These shares of restricted stock vest in 25% increments on each anniversary of the date of grant, until fully vested.
- (3) Represents a grant made to the reporting person on June 1, 2012. The option vested 25% on the date of grant with the remainder vesting in thirty-six equal monthly installments ending on July 1, 2016.
- (4) Represents a grant made to the reporting person on March 1, 2013. The option vests in forty-eight equal monthly installments ending on April 1, 2017.
- (5) Represents a grant made to the reporting person on March 1, 2014. The option vests in forty-eight equal monthly installments ending on April 1, 2018.

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.