Edgar Filing: BUCHI J KEVIN - Form 4

BUCHI J K	EVIN										
Form 4											
March 29, 2								<u></u>			
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION								OMB APPROVAL			
CONIVI 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549								OMB Number:	3235-0287		
Check this box if no longer									January 31, 2005		
subject to Section 16. STATEMENT OF CHANGES IN BENEFICIAL OW SECURITIES				OWNERSHIP OF	NERSHIP OF Estimated average burden hours per						
Form 4								response 0.5			
Form 5 obligation							hange Act of 1934,				
may cor	tinue.			•	•	- ·	ct of 1935 or Section	n			
See Inst	ruction	50(II)	of the fi	ivestment	Compa	IY ACT OF	1 1940				
1(b).											
(Print or Type	Responses)										
1. Name and Address of Reporting Person <u>*</u> BUCHI J KEVIN			2. Issuer Name and Ticker or Trading Symbol			5. Relationship of Issuer	5. Relationship of Reporting Person(s) to Issuer				
			Dicerna Pharmaceuticals Inc [DRNA]				(Chec	(Check all applicable)			
(Last)	(First) (Middle)		of Earliest Tr Day/Year)	ransaction		X Director Officer (give below)		% Owner ner (specify		
C/O DICE			03/28/2	2019			Delow)	Delow)			
	CEUTICALS, IN OGEPARK DRIV										
	(Street)		4. If Am	endment, Da	ate Origina	al	6. Individual or Jo	oint/Group Fili	ng(Check		
			Filed(Month/Day/Year) Applicable I _X_ Form fi				Applicable Line) _X_ Form filed by C	e) I by One Reporting Person			
CAMBRIE	OGE, MA 02140						Form filed by N Person	Iore than One R	eporting		
(City)	(State)	(Zip)	Tab	le I - Non-I	Derivative	Securities	s Acquired, Disposed of	, or Beneficia	lly Owned		
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)			3. Transaction Code	4. Securities nAcquired (A) or Disposed of (D)		Securities F	6. Ownership Form: Direct (D) or Indirect	Indirect		
		(Month/Da	ay/Year)	(Instr. 8)	(Instr. 3, 4		× *	I) Instr. 4)	Ownership (Instr. 4)		
						(A)	Transaction(s)				
				Code V	Amount	or (D) Prio	(Instr. 3 and 4)				
Reminder: Re	port on a separate line	e for each cl	ass of sec	urities benef	ficially ow	ned directl	y 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 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. 5. Number Transaction Derivative Code Securities (Instr. 8) Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ve Expiration I (Month/Day	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)	
				Code V	(A) (I	D) Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Director Stock Option (Right to Buy)	\$ 14.13	03/28/2019		А	8,000	<u>(1)</u>	03/28/2029	Common Stock	8,000	

Reporting Owners

Reporting Owner Name / Address		Relationships					
		Director	10% Owner	Officer	Other		
BUCHI J KEVIN C/O DICERNA PHARMACEUTICAL 87 CAMBRIDGEPARK DRIVE CAMBRIDGE, MA 02140	.S, INC.	Х					
Signatures							
/s/ John B. Green, attorney-in-fact	03/29/201	9					
**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).

This option vests as to one-third of the underlying shares on the one year anniversary of the date of grant and as to the remaining

(1) two-thirds of the shares in quarterly installments over the two-year period thereafter, subject in each case to the Reporting Person's continued service through the applicable vesting date.

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.