Edgar Filing: ACCELERON PHARMA INC - Form 4/A

ACCELERON PH Form 4/A April 08, 2015	ARMA IN	С							
FORM 4								PPROVAL	
	STATES		RITIES AND EX shington, D.C. 20	N OMB Number:	3235-0287				
Check this box if no longer	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES							January 31, 2005	
subject to Section 16.								average Irs per	
Form 4 or Form 5	Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,						response	0.5	
abligations	·	a) of the H	Public U	(a) of the Securi tility Holding Cor vestment Compar	npany Act o	of 1935 or Section	on		
(Print or Type Respons	ses)								
1. Name and Address of Reporting Person <u>*</u> MCGUIRE TERRANCE			2. Issuer Name and Ticker or Trading Symbol ACCELERON PHARMA INC [XLRN]			5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
(Last) (First) (Middle) C/O POLARIS VENTURE PARTNERS, 1000 WINTER STREET SUITE 3350				of Earliest Transaction Day/Year) 2015		X_ Director 10% Owner Officer (give title Other (specify below) below)			
(Street) WALTHAM, MA 02451				endment, Date Origina nth/Day/Year) 2015	ıl	6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person			
(City) (St	tate)	(Zip)	Tab	le I - Non-Derivative	Securities Ac	equired, Disposed o	of, or Beneficia	lly Owned	
1.Title of Security (Instr. 3)2. Transaction Date (Month/Day/Year)2A. Deemed Execution D any (Month/Day)		Date, if TransactionAcquired (A) or Code Disposed of (D) y/Year) (Instr. 8) (Instr. 3, 4 and 5) (A)		Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Indirect			
				Code V Amount	(D) Price	(Instr. 3 and 4)			

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)	erivative Conversion (Month/Day/Year) E curity or Exercise a		3A. Deemed Execution Date, if any (Month/Day/Year)	Code		5. Number of orDerivative 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 or Number of Shares
Option to Purchase Common Stock	\$ 41.2	01/08/2015		А		10,000		<u>(1)</u>	01/08/2025	Common Stock	10,000
Repor	ting O	wners									
Reporting Owner Name / Address		R	Relationships								
		Director 10%	Director 10% Owner Officer Other								
C/O POLA 1000 WIN		TURE PARTNER ET SUITE 3350	s _x								
Signat	tures										
/s/ John D McGuire). Quisel, as	attorney-in-fact fo	or Terrance G.			04/08	8/201	15			
	**Sigr	nature of Reporting Perso	on			D	ate				

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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 shares of common stock underlying this stock option award vest in full on the one year anniversary of the grant date. The vesting
 (1) schedule for this stock option award included on the Form 4 filed on January 9, 2015 for this reporting person incorrectly stated that the shares of common stock underlying this stock option award vest in equal quarterly installments over the first three years after the grant.

Remarks:

As noted in footnote 1, this Form 4/A amends the Form 4 filed on January 9, 2015 for this reporting person.

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.