Edgar Filing: Kumar Ravindra - Form 4

Form 4										
January 04, 2	1		GECUD			CIIA	NCEC		-	PROVAL
	UNITED STATES SECURITIES AND EXCHANGE COMMISSIO Washington, D.C. 20549						COMMISSION	OMB Number:	3235-0287	
Check thi if no long subject to Section 10 Form 4 or	er STATE 6.	x STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES							Expires: January 31 200 Estimated average burden hours per response 0.	
Form 5 obligatior may conti <i>See</i> Instru 1(b).	inue. Section 17	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								
(Print or Type R	Responses)									
Kumar Ravindra Symbol			r Name and Ticker or Trading LERON PHARMA INC]				5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
ACCEL [XLRN]										
128 SIDNEY STREET (Month/D) (Street) 4. If Ameri			-				Director 10% Owner Officer (give title Other (specify below) below) SVP & Chief Scientific Officer			
			endment, Date Original nth/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person			
CAMBRIDO	GE, MA 02139							Form filed by M Person	lore than One Re	porting
(City)	(State)	(Zip)	Tabl	e I - Non-E	Derivative	Secur	ities Acq	uired, Disposed of	, or Beneficial	ly Owned
1.Title of Security (Instr. 3)	any		ned n Date, if Day/Year)	3. Transactio Code (Instr. 8)	4. Securi on(A) or D (Instr. 3,	ispose	d of (D)	Securities Beneficially Owned	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	
				Code V	Amount	or	Price	(Instr. 3 and 4)		
Common Stock	01/02/2018			S <u>(1)</u>	4,300	D	\$ 42.41 (2)	92,675	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 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. Transacti Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		Date	Secur	ınt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Own Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships							
	Director	10% Owner	Officer	Other				
Kumar Ravindra 128 SIDNEY STREET CAMBRIDGE, MA 02139			SVP & Chief Scientific Officer					
Signatures								
/s/ John D. Quisel, as attorney-in-fact for Ravindra Kumar			01/04/2018					
<u>**</u> Signature of Reporti	ng 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 reported transactions were effected pursuant to a Rule 10b5-1 trading plan adopted by the reporting person.

The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$41.98 to \$42.80 inclusive. The reporting person undertakes to provide Acceleron Pharma Inc., any security holder of Acceleron Pharma Inc., or

(2) to \$42.50 inclusive. The reporting person undertakes to provide Acceleron Finanna inc., any security holder of Acceleron Finanna inc., of the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares sold at each separate price within the range set forth in this footnote (2) to this Form 4.

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.