Edgar Filing: CELGENE CORP /DE/ - Form 4

CELGENE C	CORP /DE/												
Form 4													
September 23	5, 2017												
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION									OMB AF	PROVAL			
UNITED STATES SECURITIES AND EACHANGE COMMISSION								OMB	3235-0287				
Check thi	is hov		Was	shington,	D.C. 205 4	19			Number:				
if no long	er			OFG DU			0110		Expires:	January 31, 2005			
subject to	subject to STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF								Estimated average				
	Section 16. SECURITIES								burden hours per				
Form 4 or Form 5		august to S	Section 1	6(a) of the	Socuritio	o Evo	honge	e Act of 1934,	response	0.5			
obligation	ns Section 17(s						•	1935 or Section	n				
may conti	inue.			•	Company	•			1				
See Instru 1(b).	iction	50(11)	or the m	vestment	company	11000	51 1 7 1	0					
1(0).													
(Print or Type R	Responses)												
	ddress of Reporting I	Person [*]	2. Issuer	Name and	Ticker or Ti	ading		5. Relationship of Reporting Person(s) to					
								Issuer					
				LERON PHARMA INC				(Check all applicable)					
			[XLRN]	N]				(Freedom ()					
(Month/D			f Earliest Transaction				DirectorX_10% Owner						
				-				Officer (give title Other (specify below) below)					
86 MORRIS	SAVENUE		09/25/20	017				·····,					
	(Street)		4. If Ame	endment, Date Original				6. Individual or Joint/Group Filing(Check					
Filed(Mon				nth/Day/Year)				Applicable Line)					
~ ~ ~ ~ ~ ~ ~								_X_Form filed by C	One Reporting Pe Iore than One Re				
SUMMIT, N	NJ 07901							Person		porting			
(City)	(State)	(Zip)	Tabl	e I - Non-D	erivative Se	curiti	es Acqu	iired, Disposed of	, or Beneficial	ly Owned			
1.Title of	2. Transaction Date	2A. Deen	amed 3. 4. Securities Acquired					5. Amount of 6. Ownership 7. Nature of					
Security	(Month/Day/Year)	Execution		Transaction(A) or Disposed of (D)				Securities	Form: Direct				
(Instr. 3)		any (Month/Day/Year)		Code (Instr. 3, 4 and 5) (Instr. 8)				Beneficially (D) or	· · /	Beneficial Ownership (Instr. 4)			
								Owned Following	Indirect (I) (Instr. 4)				
								Reported	(1115417-1)	(Insur I)			
						(A) or		Transaction(s)					
				Code V	Amount	(D)	Price	(Instr. 3 and 4)					
Common	09/25/2017			Р	745,592	А	\$ 37	6,118,479	D				
Stock	07/2012011			1	10,072	11	ψ 57	0,110,177					

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. Transact Code (Instr. 8)	5. tionNumber of) Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	3	Date	7. Titl Amou Under Securi (Instr.	int of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Own Follo Repo Trans (Instr
				Code N	V (A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address		Relationsh						
reporting officer tame / rear cos	Director	10% Owner	Officer	Other				
CELGENE CORP /DE/								
86 MORRIS AVENUE		Х						
SUMMIT, NJ 07901								
Signatures								
/s/ Peter N. Kellogg, Executive	09/25/2017							
Officer		09/25/2017						
<u>**</u> Signature		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).

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.