Edgar Filing: MOMENTA PHARMACEUTICALS INC - Form 4

MOMENTA Form 4 August 26, 2	PHARMACEUT	TICALS	INC								
FORN									OMB A	PPROVAL	
	UNITED S	STATES					NGE (COMMISSION	OMB Number:	3235-0287	
Check the		r STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES									
if no long subject to Section 1 Form 4 o Form 5	6. r										
Form 5 obligations may continue. See Instruction 1(b). 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							f 1935 or Section	n			
(Print or Type I	Responses)										
Bishop John E Sy			Symbol MOMEI	Name and NTA IACEUTI			ıg	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
			[MNTA]				Director 10% Owner X Officer (give title Other (specify			
(Last) (First) (Middle) C/O MOMENTA PHARMACEUTICALS, INC., 675			3. Date of Earliest Transaction (Month/Day/Year) 08/23/2013					LA_ Officer (give the Offer (specify below) below) Senior VP, Pharmaceutical Scie			
WEST KEN	IDALL STREET		4 10 4		0						
	(Street)	eet) 4. If Amendment, Date Original Filed(Month/Day/Year)					6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person				
CAMBRID	GE, MA 02142							Form filed by M Person	fore than One Re	eporting	
(City)	(State) (Zip)	Table	e I - Non-D	erivative S	Securi	ities Acc	quired, Disposed of	, or Beneficial	lly Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)		3.4. Securities AcquiTransaction(A) or Disposed ofCode(D)(Instr. 8)(Instr. 3, 4 and 5)			d of	5. Amount of Securities Beneficially Owned Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Code V	Amount	(A) or	Price	Reported Transaction(s) (Instr. 3 and 4)			
Common Stock	08/23/2013			$S_{(1)}^{(1)}$	212	(D) D	\$ 14.9	100,061	D		
Common Stock	08/23/2013			S <u>(2)</u>	66	D	\$ 14.9	99,995	D		
Common Stock	08/23/2013			S <u>(2)</u>	66	D	\$ 14.9	99,929	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)

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	4. Transactic Code (Instr. 8)	5. of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	7. Titl Amou Under Securi (Instr.	int of lying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owne Follo Repo Trans (Instr
			Code V		Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships						
F B	Director	10% Owner	Officer	Other			
Bishop John E C/O MOMENTA PHARMACEUTICALS, INC. 675 WEST KENDALL STREET CAMBRIDGE, MA 02142			Senior VP, Pharmaceutical Scie				
Signatures							
/s/ Eric Shaff as attorney 08/26/2013 in fact							

**Signature of Reporting Person

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) This sale was effected pursuant to a Rule 10b5-1 trading plan adopted by the reporting person on November 9, 2009.

(2) This sale was effected pursuant to a Rule 10b5-1 trading plan adopted by the reporting person on June 13, 2013.

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.