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ACHILLIO Form 4 May 22, 20	N PHARMACEU	UTICALS	INC								
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549									-	January 31	
if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b). StateMent of CHANGES IN BENEFICIAL OWNERSHID SECURITIES Filed pursuant to Section 16(a) of the Securities Exchange Act of 1 Section 17(a) of the Public Utility Holding Company Act of 1935 or S 30(h) of the Investment Company Act of 1940						e Act of 1934, 1935 or Sectio	Expires: 2005 F Estimated average burden hours per response 0.5				
(Print or Type	Responses)										
VITULLO NICOLE Sym AC PH			Symbol ACHII	CHILLION HARMACEUTICALS INC				5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X_ Director10% Owner			
(Last) (First) (Middle) 3. Date (Month			3. Date of (Month/	Pate of Earliest Transaction onth/Day/Year) 21/2015				Officer (give titleOther (specify below) below)			
	(Street)			nendment, I onth/Day/Ye	Date Original ar)			6. Individual or Jo Applicable Line) _X_ Form filed by 0 Form filed by M	One Reporting	Person	
(City)	ON, NJ 08542 (State)	(Zip)						Person			
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)		d Date, if	3.		Acquin of (D)	_	fired, Disposed of 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	ally Owned 7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Common Stock	05/21/2015			J <u>(1)</u>	1,700,000	D	\$ 0 (1)	2,872,968	I	By Domain Partners VIII, L.P. (2)	
Common Stock	05/21/2015			J <u>(1)</u>	222,630	Α	\$ 0 (1)	483,521	I	By One Palmer Square Associates VIII, LLC (2)	
								59,161	I		

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Common Stock			By DF Assoc L.P. <u>(</u> 2	iates,						
Common Stock		25,000 I	By Do Assoc LLC <u>(</u>	iates,						
Reminder: Report on a separate line for each class of sec	rities beneficially owned directly	or indirectly.								
	information co required to res	espond to the collectio ntained in this form are pond unless the form ently valid OMB contro	e not (9-02							
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)										
Security or Exercise any	ned 4. 5. n Date, if TransactionNumber Code of Day/Year) (Instr. 8) Derivativ Securitie Acquirec (A) or Disposed of (D) (Instr. 3, 4, and 5)	s I I	Underlying	8. Price of 9. Nu Derivative Deriv Security Secu (Instr. 5) Bene Own Follo Repo Tran (Instr						
	Code V (A) (D)	Date Expiration Exercisable Date	Amount or Title Number of Shares							
Reporting Owners										
Reporting Owner Name / Address	Relationships									

Reporting Owner Name / Address	Kelationships				
	Director	10% Owner	Officer		
VITULLO NICOLE C/O DOMAIN ASSOCIATES, LLC ONE PALMER SQUARE PRINCETON, NJ 08542	Х				
Signatures					
/s/Kathleen K. Schoemaker, Attorney-in-Fact		05/22/20	15		

**Signature of Reporting Person

Other

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) Distribution of shares in kind by Domain Partners VIII, L.P. pro rata to its partners, including 222,630 shares to One Palmer Square Associates VIII, LLC, the general partner of Domain Partners VIII, L.P.

The Reporting Person is a Managing Member of Domain Associates, LLC and a Managing Member of One Palmer Square Associates VIII, LLC, which is the sole general partner of Domain Partners VIII, L.P. and DP VIII Associates, L.P. Pursuant to Instruction 4(b)(iv)

(2) of Form 4, the Reporting Person has elected to report as indirectly beneficially owned the entire number of securities beneficially owned by each such entity. The Reporting Person disclaims beneficial ownership of any securities, and any proceeds thereof, that exceed his or her pecuniary interest therein and/or that are not actually distributed to him or her.

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.