Edgar Filing: ACHILLION PHARMACEUTICALS INC - Form 4

ACHILLION PHARMACEUTICALS INC

Form 4

January 19, 2017

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB Number:

Expires:

3235-0287 January 31,

0.5

Check this box if no longer

subject to Section 16. Form 4 or

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES**

2005 Estimated average burden hours per

OMB APPROVAL

response...

Form 5 obligations may continue.

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

See Instruction

1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person *

2. Issuer Name and Ticker or Trading Symbol

5. Relationship of Reporting Person(s) to

Issuer

Truitt Joseph

ACHILLION

PHARMACEUTICALS INC

[ACHN]

10% Owner

(Last)

(First)

(Middle)

3. Date of Earliest Transaction

(Month/Day/Year)

01/17/2017

X_ Officer (give title Other (specify below)

Director

Chief Commercial Officer

(Check all applicable)

C/O ACHILLION

PHARMACEUTICALS, INC., 300

(Street)

GEORGE STREET

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 Form filed by More than One Reporting

NEW HAVEN, CT 06511

(City) (State) (Zip)

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1.Title of Security (Instr. 3)

2. Transaction Date 2A. Deemed (Month/Day/Year) Execution Date, if

any

(Month/Day/Year)

3. 4. Securities TransactionAcquired (A) or Code Disposed of (D) (Instr. 8) (Instr. 3, 4 and 5)

5. Amount of Securities Beneficially Owned Following

6. Ownership 7. Nature of Indirect Form: Direct (D) or Indirect Beneficial Ownership (Instr. 4) (Instr. 4)

(A) or

Reported Transaction(s)

(Instr. 3 and 4) Code V Amount (D) Price

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

Persons who respond to the collection of **SEC 1474** information contained in this form are not (9-02)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 | 2. | 3. Transaction Date | 3A. Deemed | 4. | 5. Number of | per of 6. Date Exe | | cisable and | 7. Title and | Amount of |
|-------------------|-------------|---------------------|--------------------|-----------------------|-----------------|--------------------|------------------|-----------------------|------------------|-----------|
| Derivative | Conversion | (Month/Day/Year) | Execution Date, if | TransactionDerivative | | Expiration Date | | Underlying Securities | | |
| Security | or Exercise | | any | Code | Code Securities | | (Month/Day/Year) | | (Instr. 3 and 4) | |
| (Instr. 3) | Price of | | (Month/Day/Year) | (Instr. 8) | Acquired (A) | or (| | | | |
| | Derivative | | | | Disposed of (| (D) | | | | |
| | Security | | | | (Instr. 3, 4, a | nd | | | | |
| | | | | | 5) | | | | | |
| | | | | | | | Date | Expiration | Title | Amount |
| | | | | Code V | (A) | (D) | Exercisable | Date | | Shares |
| Employee Stock | \$ 4.11 | 01/17/2017 | | A | 185,000 | | <u>(1)</u> | 01/17/2027 | Common Stock | 185,00 |
| Option | | | | | | | | | Stock | |

Reporting Owners

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

Truitt Joseph C/O ACHILLION PHARMACEUTICALS, INC. 300 GEORGE STREET NEW HAVEN, CT 06511

Chief Commercial Officer

Signatures

/s/ Joseph Truitt 01/19/2017

**Signature of 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).

This option vests as to 25% of the original number of shares on the first anniversary of the grant date and as to an additional 6.25% of the (1) original number of shares at the end of each successive three-month period following the first anniversary of the grant date until the fourth anniversary of the grant 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.

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