## Edgar Filing: LAWRENCE DAVID - Form 4

LAWRENCE Form 4	DAVID											
March 12, 20	19											
<b>FORM</b>	4										PPROVAL	
UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549								OMB Number:	3235-0287			
Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction Section 16. Form 4 or Form 5 obligations may continue. See Instruction Section 16. Form 4 or Form 5 obligations Mage 10. Section 16. Form 4 or Section 16. Form 5 obligations Mage 10. Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940							January 31 Expires: 200 Estimated average burden hours per response 0.3					
1(b).												
(Print or Type Re	esponses)											
LAWRENCE DAVID Sym AC			2. Issuer Symbol	ACORDA THERAPEUTICS INC					5. Relationship of Reporting Person(s) to Issuer			
			ACORD [ACOR]						(Check all applicable)			
(Last) 420 SAW MI	(First) (M	1iddle) AD	3. Date of (Month/Da 03/08/20	ay/Year)	`ran	nsaction			Director X Officer (give below) Chief,			
(Street) 4. If Ame				f Amendment, Date Original					6. Individual or Joint/Group Filing(Check			
ARDSLEY, 1	NY 10502		Filed(Mont	h/Day/Yea	ur)				Applicable Line) _X_ Form filed by 0 Form filed by N Person	One Reporting Pe More than One Re		
(City)	(State)	(Zip)	Table	T North	D		• • • • •	4: A		f an Danafiaial	Un Onur d	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	e 2A. Dee Executio any		3. Transact Code (Instr. 8)	tior )	4. Securit Acquired Disposed (Instr. 3, Amount	ties (A) o of (D	r )	<b>quired, Disposed o</b> 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	•	
Common Stock	03/08/2019			А		9,045 (1)	A	\$0	14,137	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. Transactio Code (Instr. 8)	5. Number of orDerivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Employee Stock Option (right to buy)	\$ 13.51	03/08/2019		A	15,075	(2)	03/08/2029	Common Stock	15,075

## **Reporting Owners**

Relationships							
Director	10% Owner	Officer	Other				
		Chief, Bus. Ops & PAO					
	Director	Director 10% Owner	Director 10% Owner Officer				

/s/ David 03/12/2019 Lawrence 03/12/2019 <u>\*\*Signature of Date</u> 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) Restricted shares issued under the Issuer's 2015 Omnibus Incentive Compensation Plan. The shares will vest 25% every year for four years with vest dates of December 1, 2019, December 1, 2020, December 1, 2021 and December 1, 2022.
- (2) Options issued under the Issuer's 2015 Omnibus Incentive Compensation Plan. The shares subject to this option vest in equal quarterly installments over four years beginning on January 1, 2019 with the first quarterly installment vesting on April 1, 2019.

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.