#### MEDICINES CO/DE

Form 4

September 05, 2006

# FORM 4

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

OMB 3235-0287 Number:

Check this box if no longer subject to Section 16.

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

January 31, Expires: 2005 Estimated average

0.5

**OMB APPROVAL** 

Form 4 or Form 5 obligations may continue. See Instruction

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

burden hours per response...

1(b).

(Print or Type Responses)

1. Name and Add JOHNSON T	dress of Reporting Person * SCOTT	2. Issuer Name and Ticker or Trading Symbol MEDICINES CO /DE [MDCO]	5. Relationship of Reporting Person(s) to Issuer				
(Last)	(First) (Middle)	3. Date of Earliest Transaction	(Check all applicable)				
THE MEDICINES COMPANY, 8 CAMPUS		(Month/Day/Year) 09/01/2006	X_ Director 10% Owner Officer (give title below) Other (specify below)				
	(Street)	4. If Amendment, Date Original	6. Individual or Joint/Group Filing(Check				
D A D CIDD A N	V NI 07054	Filed(Month/Day/Year)	Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting				

Person

### PARSIPPANY, NJ 07054

(City)	(State)	(Zip) Tabl	e I - Non-D	erivative	Secui	rities Acq	uired, Disposed o	f, or Beneficial	ly Owned
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transactic Code (Instr. 8)	4. Securities Acquired tion(A) or Disposed of (D) (Instr. 3, 4 and 5)		5. Amount of Securities Beneficially Owned Following	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
			Code V	Amount	(A) or (D)	Price	Reported Transaction(s) (Instr. 3 and 4)		
Common Stock (1)	09/01/2006		S	100	D	\$ 22.42	42,183	D	
Common Stock (1)	09/01/2006		S	100	D	\$ 22.53	42,083	D	
Common Stock (1)	09/01/2006		S	100	D	\$ 22.56	41,983	D	
Common Stock (1)	09/01/2006		S	100	D	\$ 22.57	41,883	D	
Common Stock (1)	09/01/2006		S	267	D	\$ 22.58	41,616	D	

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Common Stock (1)	09/01/2006	S	200	D	\$ 22.59 41,416	D
Common Stock (1)	09/01/2006	S	100	D	\$ 22.6 41,316	D
Common Stock (1)	09/01/2006	S	33	D	\$ 22.67 41,283	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.

SEC 1474

(9-02)

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)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transacti Code (Instr. 8)	5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Secur	unt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secun Bene Owne Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

# **Reporting Owners**

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			

X

JOHNSON T SCOTT
THE MEDICINES COMPANY
8 CAMPUS
PARSIPPANY, NJ 07054

# **Signatures**

/s/ T. Scott

Johnson 09/05/2006

\*\*Signature of Reporting Person Date

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## **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) The common stock sales reported on this Form 4 were affected pursuant to a Rule 10b5-1 program adopted by Mr. Johnson on April 25, 2006.

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.