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MEDICINE	S CO /DE											
Form 4												
August 08, 2	2007											
										OMB AF	PROVAL	
	FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549							COMMISSION	OMB Number:	3235-0287		
Check this box										Expires:	January 31, 2005	
subject to STATEMENT OF CHAN				GES IN BENEFICIAL OWNERSHIP (NERSHIP OF	Estimated average		
-	Section 16.				SECURITIES					burden hours per response 0.5		
	Form 4 or											
Form 5 obligatio	m o *	•						•	e Act of 1934,			
may cont	Section	· · /		•		U	· ·		1935 or Section	1		
See Instr 1(b).	uction	30(h)) of the In	vestmen	nt C	Compan	y Ac	t of 194	10			
(Print or Type I	Responses)											
MEANWELL CLIVE Symbol				er Name and Ticker or Trading CINES CO /DE [MDCO]				C	5. Relationship of Reporting Person(s) to Issuer			
				- Cheo					ck all applicable)			
			of Earliest Transaction					X Director 10% Owner				
THE MEDI	CINES COMI	PANY 8	(Month/L 08/06/2	nth/Day/Year)					XOfficer (give title Other (specif			
CAMPUS I			00/00/2	007					below)	below)		
										Executive Offic		
(Street) 4. If Ame				nendment, Date Original					6. Individual or Joint/Group Filing(Check			
Filed(Mon				Ionth/Day/Year)					Applicable Line) _X_ Form filed by One Reporting Person			
PARSIPPA	NY, NJ 07054								Form filed by M Person			
(City)	(State)	(Zip)	Tabl	e I - Non-	De	rivative	Secur	ities Acq	uired, Disposed of	, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction I (Month/Day/Ye	med on Date, if Day/Year)	Date, if Transaction(A) or Disposed of (D) Code (Instr. 3, 4 and 5)				d of (D)	5. Amount of Securities Beneficially Owned Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)			
							(A) or		Reported Transaction(s) (Instr. 3 and 4)			
Comment				Code V	V	Amount	(D)	Price	(
Common Stock	08/06/2007			Р		4,000	А	\$ 14.85	196,324	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)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transactio Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Amou Unde Secur	le and unt of rlying ities . 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

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Reporting Owners

Reporting Owner Name / Address	Relationships							
FB	Director	10% Owner	Officer	Other				
MEANWELL CLIVE THE MEDICINES COMPANY 8 CAMPUS DRIVE PARSIPPANY, NJ 07054	Х		Chief Executive Officer					
Signatures								

/s/ Clive A. 08/08/2007 Meanwell

<u>**</u>Signature of Reporting 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).

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.