Edgar Filing: Manning Anthony M. - Form 4

Manning Anth Form 4 April 16, 2019	·										
FORM	4 UNITE	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES 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								PPROVAL 3235-0287	
Check this l if no longer subject to Section 16. Form 4 or Form 5 obligations may continu <i>See</i> Instruct 1(b).	Filed p ue. Section 1									Number: January 31, Expires: 2005 Estimated average burden hours per response 0.5	
(Print or Type Res	sponses)										
Manning Anthony M. Symbol MOME PHARM			Symbol MOMEI	MACEUTICALS INC				5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner			
(Last) C/O MOMEN PHARMACE BINNEY STR	UTICALS, II	(Middle) NC., 301	3. Date of (Month/D 04/13/20	-	ansaction			_X_ Officer (give below) Chief	e title Othe below) Scientific Offic		
	(Street) 4. If Amer Filed(Mon				-			6. Individual or Joint/Group Filing(Check Applicable Line) _X_Form filed by One Reporting Person			
CAMBRIDG	E, MA 02142							Form filed by N Person	Aore than One Re	porting	
(City)	(State)	(Zip)	Table	e I - Non-D	erivative S	ecurit	ies Acq	uired, Disposed of	f, or Beneficial	ly Owned	
Security (Instr. 3)	2. Transaction D (Month/Day/Yea	ar) Executio any	med n Date, if Day/Year)	3. Transactic Code (Instr. 8) Code V	4. Securit on(A) or Dis (D) (Instr. 3, 4 Amount	sposed	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)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Common Stock	04/13/2019			D	30,000	D	\$0	46,001	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.

Edgar Filing: Manning Anthony M. - Form 4

 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,	;		7. Titl Amou Under Securi (Instr.	int of lying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr
				Code V	4, and 5) (A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
Manning Anthony M. C/O MOMENTA PHARMACEUTICALS, INC 301 BINNEY STREET CAMBRIDGE, MA 02142	2.		Chief Scientific Officer				
Signatures							
/s/ R. Mark Chamberlin as attorney in fact	04/16/2019)					
**Signature of Reporting Person	Date						
Explanation of Paspanese	•						

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.