Edgar Filing: Medidata Solutions, Inc. - Form 4

Medidata So	lutions, Inc.										
Form 4											
June 04, 201	3										
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION								OMB AF	PROVAL		
UNITED STATES SECURITIES AND EXCHANGE COMMISSION							OMB	3235-0287			
Check th	Check this box							Number:	January 31,		
if no long		'FMFNT O	FCHAN	ICES IN 1	RENEE	ICTA	IOW	NEDSHID OF	Expires:	2005	
	subject to Section 16 STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES						CERSIII OF	Estimated average burden hours per response 0.5			
Section 1 Form 4 o		SECURITIES									
Form 5		Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,							response	0.0	
obligatio	ns Section	*					U	f 1935 or Section	n		
may cont See Instru	inue.			vestment	•						
1(b).	action				-						
(Print or Type I	Responses)										
1 Name and A	Address of Report	ing Person *	2 1	. N	T: -1	T J.		5 Relationship of	Reporting Pers	son(s) to	
de Vries Gle	-		2. Issue Symbol	2. Issuer Name and Ticker or Trading				5. Relationship of Reporting Person(s) to Issuer			
			-	ta Solutio	ns Inc I	MD	501				
			Medidata Solutions, Inc. [MDSO] 3. Date of Earliest Transaction					(Check all applicable)			
(Last)	(First)	(Middle)			ansaction			X Director	10%	Owner	
C/O MEDIDATA SOLUTIONS,			(Month/Day/Year) 05/31/2013					X Officer (give title Other (specify			
	FTH AVENU		05/51/2	015				below)	below)		
FLOOR		,							President		
	(Street)		4. If Ame	ndment, Da	te Origina	1		6. Individual or Jo	oint/Group Filir	1g(Check	
· · ·				Filed(Month/Day/Year)				Applicable Line)			
								X Form filed by C			
NEW YOR	K, NY 10003							Form filed by M Person	lore than One Re	porting	
(City)	(State)	(Zip)	Tabl	a I - Non-D	arivativa	Socur	ities Aca	uired, Disposed of	° or Ronoficial	ly Owned	
1 THf	2 Turner et an 1	D-4- 24 D					_			-	
1.Title of Security	2. Transaction 1 (Month/Day/Ye		med on Date, if					5. Amount of Securities	6. Ownership Form: Direct		
(Instr. 3)	(1101111,24),1	any	Code (Instr. 3, 4 and 5)					Beneficially		Beneficial	
		(Month/	Day/Year)					Owned	Ownership		
								Following Reported	(Instr. 4)	(Instr. 4)	
						(A)		Transaction(s)			
				Code V	Amount	or (D)	Price	(Instr. 3 and 4)			
Common	05/01/0010				7,283		\$	(4(02)	D		
Stock	05/31/2013			F	(1)	D	69.02	646,831	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)	4. Transacti Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3,			7. Title and Amount of Underlying Securities (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Own Follo Repo Trans (Instr
			Code V	4, and 5) (A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

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Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
de Vries Glen Michael C/O MEDIDATA SOLUTIONS, INC. 79 FIFTH AVENUE, 8TH FLOOR NEW YORK, NY 10003	Х		President				
Signatures							
/s/ Michael I. Otner, Attorney-in-Fact	06/04/						
**Signature of Reporting Person	Dat	e					

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).
- Shares withheld by Medidata to satisfy the tax withholding obligation in connection with the vesting of previously awarded restricted (1) stock.

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.