#### ALNYLAM PHARMACEUTICALS, INC.

Form 4

December 22, 2016 **FORM 4** 

Check t		STATES		RITIES shingto					COMMISSIO	N OMB Number:	3235-028	
Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).  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 30(h) of the Investment Company Act of 1940  (Print or Type Responses)								burden hot response	urs per			
(Print or Type	Responses)											
1. Name and Address of Reporting Person * Greene Barry E			2. Issuer Name <b>and</b> Ticker or Trading Symbol				ding	5. Relationship of Reporting Person(s) to Issuer				
			ALNY PHARI [ALNY	MACEU	JTI	CALS	, INO	C.	(Ch	eck all applicabl	le) % Owner	
(Last) 300 THIRI	, ,	Middle)		of Earliest Day/Year)		nsaction	1		X_ Officer (gi	ve title Other Delow) President	ner (specify	
300 111110	(Street)		4. If Am	endment,		e Origin	al		6. Individual or Applicable Line) _X_ Form filed by	Joint/Group Fili		
CAMBRII	OGE, MA 02142								Form filed by Person	More than One R	eporting	
(City)	(State)	(Zip)	Tab	ole I - Non	ı-De	erivativ	e Sec	urities A	acquired, Disposed	of, or Beneficia	lly Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deem Execution any (Month/Da	Date, if	3. Transact Code (Instr. 8)	tion/ I ) (	Disposed Instr. 3,	(A) d of (I 4 and (A) or	D) 15)	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)	
Reminder: Re	port on a separate line	for each cl	ass of sec	urities ber	nefic	cially ov	vned (	directly (	or indirectly.			
						infor requi	mation ired to ays a	on cont to resp	spond to the collectained in this form ond unless the fo ntly valid OMB co	n are not rm	SEC 1474 (9-02)	

 $\label{thm:convergence} \begin{tabular}{ll} Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned \\ (e.g., puts, calls, warrants, options, convertible securities) \end{tabular}$ 

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5. Number of	6. Date Exercisable and	7. Title and Amount of	8
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transacti	onDerivative	Expiration Date	Underlying Securities	Γ

**OMB APPROVAL** 

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Security (Instr. 3)	or Exercise Price of Derivative Security		any (Month/Day/Year)	Code (Instr. 8)	Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		(Month/Day/Year)		(Instr. 3 and 4)	
				Code V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Stock Option (right to buy)	\$ 42.22	12/20/2016		A	25,000 (1)		(2)	12/20/2026	Common Stock	25,000

# **Reporting Owners**

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

Greene Barry E 300 THIRD STREET CAMBRIDGE, MA 02142

President

### **Signatures**

By: /s/ Michael P. Mason, Attorney-in-Fact For: Barry E. Greene

12/22/2016

\*\*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).
- Represents the time-vested portion of the reporting person's 2016 Annual Stock Option award. The reporting person also received an option to purchase 25,000 shares of ALNY common stock that will vest upon the achievement of four specific performance conditions, which will be reported on a Form 4 if and when each performance condition is met and the option vests.
- (2) The stock option vests as to 25% of the shares on the 1st anniversary of the date of the stock option grant and as to an additional 6.25% of the shares each successive three month period thereafter.

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.

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