Edgar Filing: MOMENTA PHARMACEUTICALS INC - Form 4

| MOMENT. Form 4 June 13, 20 | A PHARMACEU 14 | TICALS | INC | | | | | | | | |
|--|--|------------------------|--|---|---|--|--|---|--------------------------|--|--|
| FORM | UNITED | Washington, D.C. 20549 | | | | | | | | | |
| Check t if no los subject Section Form 4 Form 5 obligati may co <i>See</i> Inst 1(b). | nger to 16. or Filed put ons ntinue. | burden hou response | Estimated average burden hours per response 0.5 | | | | | | | | |
| (Print or Type | Responses) | | | | | | | | | | |
| 1. Name and Address of Reporting Person <u>*</u> Stoner Elizabeth | | | 2. Issuer Name and Ticker or Trading Symbol MOMENTA PHARMACEUTICALS INC [MNTA] 3. Date of Earliest Transaction (Month/Day/Year) 06/12/2014 | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X_ Director 10% Owner | | | | |
| (Last) (First) (Middle) C/O MOMENTA PHARMACEUTICALS, INC., 675 WEST KENDALL STREET | | | | | | | below) | Officer (give titleOther (specify below) below) | | | |
| | | | | I. If Amendment, Date Original Filed(Month/Day/Year) | | | Applicable Line) _X_ Form filed by Form filed by I | X_Form filed by One Reporting Person Form filed by More than One Reporting | | | |
| (City) | (State) | (Zip) | Tak | la I Non l | Dorivotivo | Socurities | Person Acquired, Disposed o | f or Bonoficia | lly Ownod | | |
| 1.Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | | ed Date, if | 3. Transactio Code (Instr. 8) Code V | 4. Securit nAcquired Disposed (Instr. 3, | ies (A) or of (D) | 5. Amount of Securities I Beneficially (Owned (Following (Reported Transaction(s) (Instr. 3 and 4) | 5. Ownership Form: Direct D) or Indirect I) Instr. 4) | 7. Nature of Indirect | | |
| Reminder: Re | eport on a separate line | e for each cl | ass of sec | urities bene | Perso inforr requi | ons who re nation cor red to res | y or indirectly. espond to the collect ntained in this form pond unless the for ently valid OMB cor | are not m | SEC 1474 (9-02) | | |

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

number.

1. Title of 3. Transaction Date 3A. Deemed 5. Number of 6. Date Exercisable and 7. Title and Amount of 2 4. Derivative Conversion (Month/Day/Year) Execution Date, if TransactionDerivative **Expiration Date Underlying Securities** (Month/Day/Year) (Instr. 3 and 4) Security or Exercise any Code Securities (Instr. 3) Price of (Month/Day/Year) (Instr. 8) Acquired (A) Derivative or Disposed of Security (D) (Instr. 3, 4, and 5) Amount Date Expiration or Title Exercisable Date Number Code V (A) (D) of Shares Stock Option Common 17,750 09/12/2014 06/12/2024 \$13.16 06/12/2014 $A^{(1)}$ 17,750 (Right to Stock Buy)

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Reporting Owners

| Reporting Owner Name / Add | Relationships | | | | | |
|---|---------------|-----------|---------|-------|--|--|
| | Director | 10% Owner | Officer | Other | | |
| Stoner Elizabeth C/O MOMENTA PHARMACEUTI 675 WEST KENDALL STREET CAMBRIDGE, MA 02142 | CALS, INC. | Х | | | | |
| Signatures | | | | | | |
| /s/ Eric Shaff as attorney in fact | 06/12/2014 | | | | | |
| **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).
- (1) Represents an option granted by the issuer pursuant to the issuer's 2013 Stock Incentive Plan. Subject to certain criteria, the shares subject to such option vest in four equal quarterly installments following the grant date.
- (2) Includes multiple option grants with different pricing and vesting.

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.