Edgar Filing: MADDEN DAVID - Form 4

MADDEN	DAVID										
Form 4											
July 20, 201	17										
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION									PPROVAL		
	• • UNITED) STATES					COMMISSION	OND	3235-0287		
Check t	his box		Wa	shington	, D.C. 20	549		Number:	January 31,		
if no longer whiat to STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF							Expires:	2005			
subject	10								stimated average		
	Section 16. SECURITIES					burden hours per response 0.5					
Form 5	Filed pu	rsuant to S	Section	16(a) of th	e Securi	ties Excha	nge Act of 1934,	10000100	. 0.0		
obligati may cor	ons Section 17						of 1935 or Section	on			
See Inst		30(h)	of the In	nvestment	Compar	ny Act of 1	940				
1(b).											
(Print or Type	Responses)										
1. Name and	Address of Reporting	Person *	2 Icent	r Nama on	1 Ticker or	Trading	5. Relationship o	f Reporting Pe	rson(s) to		
1. Name and Address of Reporting Person <u>*</u> MADDEN DAVID			2. Issuer France and Frence of Franks				Issuer				
			-	a Pharmac	ceuticals	Inc					
			[DRNA]				(Che	(Check all applicable)			
(Last)	(First)	(Middle)	3. Date of	of Earliest T	ransaction		_X_ Director	104	% Owner		
			(Month/	Day/Year)			Officer (give		her (specify		
C/O DICE	RNA		07/18/2	2017			below)	below)			
	CEUTICALS, IN										
CAMBRIE	DGEPARK DRIV	Έ									
(Street)			4. If Amendment, Date Original			 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person 					
			Filed(Month/Day/Year)								
CAMDDI	CE MA 02140							More than One R			
CAMDRIL	DGE, MA 02140						Person				
(City)	(State)	(Zip)	Tab	le I - Non-I	Derivative	Securities A	Acquired, Disposed of	of, or Beneficia	ally Owned		
1.Title of	2. Transaction Date	e 2A. Deem	ed	3.	4. Securit	ies	5. Amount of	6. Ownership	7. Nature of		
Security	(Month/Day/Year)			Transactio			Securities	Form: Direct	Indirect		
(Instr. 3)		any	(N)			of (D) $(1 \text{ and } 5)$		(D) or Indirect			
		(Month/Da	ay/rear)	(Instr. 8)	(Instr. 3, 4	+ and 5)		(I) (Instr. 4)	Ownership (Instr. 4)		
						(A)	Reported				
						(A) or	Transaction(s)				
				Code V	Amount	(D) Price	(Instr. 3 and 4)				
Reminder: Re	port on a separate lir	e for each cl	ass of sec	urities benef	ficially ow	ned 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)

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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. Number of orDerivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)		8 D S (1
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Director Stock Option (right to buy)	\$ 3.42	07/18/2017		А	33,000	<u>(1)</u>	07/18/2027	Common Stock	33,000	

Reporting Owners

Reporting Owner Name / Address		Relationships					
		Director	10% Owner	Officer	Other		
MADDEN DAVID C/O DICERNA PHARMACEUTICAL 87 CAMBRIDGEPARK DRIVE CAMBRIDGE, MA 02140	S, INC.	Х					
Signatures							
/s/ John B. Green, attorney-in-fact	07/20/201	17					
**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) This option vests monthly over 12 months from July 11, 2017 in substantially equal monthly installments, subject to the Reporting Person's continued service to the Issuer through each such date.

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.