

ARCA biopharma, Inc.
Form 4
September 19, 2014

FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

OMB APPROVAL

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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)

1. Name and Address of Reporting Person *
Wheeler Patrick M

(Last) (First) (Middle)

ARCA BIOPHARMA, INC, 11080
CIRCLEPOINT ROAD, SUITE 140

(Street)

WESTMINSTER, CO 80020

(City) (State) (Zip)

2. Issuer Name and Ticker or Trading Symbol
ARCA biopharma, Inc. [ABIO]

3. Date of Earliest Transaction
(Month/Day/Year)

09/18/2014

4. If Amendment, Date Original Filed(Month/Day/Year)

5. Relationship of Reporting Person(s) to Issuer

(Check all applicable)

___ Director ___ 10% Owner
X Officer (give title below) ___ Other (specify below)

Chief Financial Officer

6. Individual or Joint/Group Filing(Check Applicable Line)

X Form filed by One Reporting Person
___ Form filed by More than One Reporting Person

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)	4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)	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 Ownership (Instr. 4)
Common Stock	09/18/2014		S	(A) or (D) D	8,246 (1) \$ 1.31	101,510 (2) D	

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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(9-02)

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. Transaction Code (Instr. 8)	5. Number of Derivative 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. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Own Follo Repo Trans (Instr
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Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
Wheeler Patrick M ARCA BIOPHARMA, INC 11080 CIRCLEPOINT ROAD, SUITE 140 WESTMINSTER, CO 80020			Chief Financial Officer	

Signatures

/s/ Patrick M. Wheeler 09/19/2014

**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 shares of common stock sold pursuant to a Rule 10b5-1 Plan adopted by the Reporting Person for satisfaction of their tax withholding obligation with respect to the vesting of previously reported Restricted Stock Units ("RSUs") granted to the Reporting Person under the Issuer's 2013 Equity Incentive Plan (the "Plan").
 - (2) Includes (i) remaining 50,000 previously reported shares issued as RSUs under the Plan that vest in two equal annual installments on 9/17/15 and 9/17/16, and (ii) 34,200 previously reported shares issued as RSUs under the Plan that vest in four equal annual installments beginning on 2/27/15, provided that the Reporting Person's continuous service to the Issuer has not been terminated as defined under the Plan.

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.