Edgar Filing: AMAG PHARMACEUTICALS INC. - Form 4

AMAG PHA Form 4 August 07, 20	RMACEUTICA 008	LS INC.									
FORM	1									PPROVAL	
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549							N OMB Number:	3235-0287			
Check this box if no longer subject to Section 16. Form 4 or Form 5 Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,						Estimated burden hou	Expires:January 31Expires:2005Estimated averageburden hours perresponse0.5				
obligation may conti <i>See</i> Instru 1(b).	$\frac{1}{1}$ Section 17(a) of the Pu	ublic U		ding Cor	npan	y Act	of 1935 or Section	on		
(Print or Type R	esponses)										
Pereira Brian JG Sy A			2. Issuer Name and Ticker or Trading Symbol AMAG PHARMACEUTICALS INC. [AMAG]					5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
			te of Earliest Transaction th/Day/Year) 5/2008				X Director 10% Owner X Officer (give title Other (specify below) below) President & C.E.O.				
Filed(Mc			mendment, Date Original Aonth/Day/Year)			 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting 					
CAMBRIDC	GE, MA 02140							Person		1 0	
(City)	(State)	(Zip)	Tab	le I - Non-I	Derivative	Secu	rities A	cquired, Disposed o	of, or Beneficia	lly Owned	
1.Title of Security2. Transaction Date (Month/Day/Year)2A. Deemed Execution Date any (Month/Day/(Instr. 3)		Date, if	Code Disposed of (D))	Securities Beneficially Owned	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Indirect		
				Code V			Price				
Reminder: Repo	ort on a separate line	e for each clas	ss of secu	urities benef	ficially own	ned di	rectly c	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)	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,	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)		8. l De Sec (In
				Code V	and 5) (A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Restricted Stock Unit	<u>(1)</u>	08/05/2008		А	50,000	(2)	(2)	Common Stock	50,000	

Edgar Filing: AMAG PHARMACEUTICALS INC. - Form 4

Reporting Owners

Reporting Owner Name / Address	Relationships					
	Director	10% Owner	Officer	Other		
Pereira Brian JG C/O AMAG PHARMACEUTICALS, INC 125 CAMBRIDGEPARK DRIVE CAMBRIDGE, MA 02140	· x		President & C.E.O.			
Signatures						
/s/ Joseph L. Farmer, attorney-in-fact	08/07/2008					

<u>**</u>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) Each restricted stock unit represents a contingent right to receive one share of the Issuer's common stock.

Grant of restricted stock unit pursuant to the AMAG Pharmaceuticals, Inc. 2007 Equity Incentive Plan. The grant will commence vesting upon achievement of a specific stock price target as follows: 50% will vest upon the first anniversary of such stock price target

(2) upon achievement of a specific stock price target as follows. 50% will vest upon the first antiversary of such stock price target achievement; provided that if such stock price target is not achieved on or prior to August 5, 2012, such grant shall automatically terminate.

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.