INITIAL STATEMENT OF 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 Addr Person <u>*</u> Zayas Ricar	-	orting	2. Date of Event Requiring Statement (Month/Day/Year)		3. Issuer Name and Ticker or Trading Symbol AMAG PHARMACEUTICALS INC. [AMAG]				
(Last) (First)	(Middle)	06/08/2009	4. Relationsh Person(s) to I	ip of Reporting	5. If Amendment, Date Original Filed(Month/Day/Year)			
100 HAYDEN	AVENU	E							
(Street)				(Check	(Check all applicable)		6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person		
LEXINGTON, MA 02421				X Officer (give title below	Director10% Owner XOfficerOther (give title below) (specify below) Sr. Vice President, Operations				
(City) (State)	(Zip)	Table I	- Non-Derivat	tive Securiti	es Be	neficially Owned		
1.Title of Security (Instr. 4)				t of Securities lly Owned	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nat Owne (Instr	1		
Common stock			7,587		D	Â			
Reminder: Report of owned directly or i	-	te line for eac	ch class of securities bene	ficially S	EC 1473 (7-02)			
	informa require	ation conta d to respo	oond to the collection ined in this form are r nd unless the form dis IB control number.	not					
Tabl	le II - Deriv	vative Secur	ities Beneficially Owned	(e.g., puts, calls.	warrants, opt	ions, c	onvertible securities)		

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)		4. Conversion or Exercise Price of	5. Ownership Form of Derivative	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date	Title	Amount or Number of	mount or Security Direct (I	Security: Direct (D) or Indirect	

January 31,

2005

0.5

Expires:

response...

Estimated average burden hours per

Shares

(I) (Instr. 5)

Reporting Owners

Reporting Owner Name / Address	Relationships					
1.0		10% Owner	Officer	Other		
Zayas Ricardo 100 HAYDEN AVENUE LEXINGTON, MA 02421	Â	Â	Sr. Vice President, Operations	Â		
Signatures						
/s/Joseph L. 06 Farmer 06	/08/2009					
<u>**</u> Signature of Reporting Person	Date					

Explanation of Responses:

* If the form is filed by more than one reporting person, *see* Instruction 5(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).

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.