ALNYLAM PHARMACEUTICALS, INC.

Form 4

December 22, 2016

Vaishnaw Akshay

FORM 4			OND AF	FROVAL
	UNITED STATES SECURITIES AND EXCHANGE CO Washington, D.C. 20549	MMISSION	OMB Number:	3235-028
Check this box if no longer	STATEMENT OF CHANGES IN BENEFICIAL OWNE	CRSHIP OF	Expires:	January 31 200
subject to Section 16. Form 4 or	SECURITIES SECURITIES		Estimated a burden hour response	9
Form 5 obligations may continue. <i>See</i> Instruction 1(b).	Filed pursuant to Section 16(a) of the Securities Exchange A Section 17(a) of the Public Utility Holding Company Act of 1930(h) of the Investment Company Act of 1940		·	
(Print or Type Respon	nses)			
1. Name and Address	s of Reporting Person * 2. Issuer Name and Ticker or Trading 5.	Relationship of F	Reporting Pers	on(s) to

(Last) 300 THIRD	.ast) (First) (Middle)		ALNYLAM PHARMACEUTICALS, INC. [ALNY] 3. Date of Earliest Transaction (Month/Day/Year) 12/20/2016	(Check all applicable) Director 10% OwnerX Officer (give title Other (specify below) EVP, R&D, CMO		
	(Street)		4. If Amendment, Date Original	6. Individual or Joint/Group Filing(Check		
CAMBRIDGE, MA 02142			Filed(Month/Day/Year)	Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person		

2. Issuer Name and Ticker or Trading

01111121112	, o _ 1		Person
(City)	(State)	(Zip)	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1.Title of Security	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if	3. Transactio	4. Securities onAcquired (A) or	5. Amount of Securities	6. Ownership Form: Direct	7. Nature of Indirect
(Instr. 3)	•	any	Code	Disposed of (D)	Beneficially	(D) or Indirect	Beneficial
		(Month/Day/Year)	(Instr. 8)	(Instr. 3, 4 and 5)	Owned	(I)	Ownership
					Following	(Instr. 4)	(Instr. 4)
				(A)	Reported		
				(A)	Transaction(s)		
			Code V	or Amount (D) Price	(Instr. 3 and 4)		

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

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02)required to respond unless the form displays a currently valid OMB control number.

Issuer

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5. Number of	6. Date Exercisable and	7. Title and Amount of	8
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transacti	orDerivative	Expiration Date	Underlying Securities	Ι

Edgar Filing: ALNYLAM PHARMACEUTICALS, INC. - Form 4

Security (Instr. 3)	or Exercise Price of Derivative Security		any (Month/Day/Year)	Code (Instr. 8)	Securities Acquired (A or Disposed (D) (Instr. 3, 4, and 5))	(Month/Day/Year) (Instr. 3 and		.4)
				Code V	(A) (I	D) Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Stock Option (right to buy)	\$ 42.22	12/20/2016		A	25,000 (1)	(2)	12/20/2026	Common Stock	25,000

Reporting Owners

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

Vaishnaw Akshay 300 THIRD STREET CAMBRIDGE, MA 02142

EVP, R&D, CMO

Signatures

By: /s/ Michael P. Mason, Attorney-in-Fact For: Akshay K.

Vaishnaw 12/22/2016

**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).
- Represents the time-vested portion of the reporting person's 2016 Annual Stock Option award. The reporting person also received an option to purchase 25,000 shares of ALNY common stock that will vest upon the achievement of four specific performance conditions, which will be reported on a Form 4 if and when each performance condition is met and the option vests.
- (2) The stock option vests as to 25% of the shares on the 1st anniversary of the date of the stock option grant and as to an additional 6.25% of the shares each successive three month period thereafter.

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.

Reporting Owners 2