## Edgar Filing: ACHILLION PHARMACEUTICALS INC - Form 4

ACHILLIC Form 4 January 27	ON PHARMACEU	JTICALS	INC						
<b>FORM</b> Check if no lo subject Section Form 4 Form 5 obligat may co	<b>VI 4</b> this box nger to 16. or filed pur Section 17(	MENT OF rsuant to S (a) of the F	Wa F CHAN Section Public U	ashington NGES IN SECUF 16(a) of th	, D.C. 20 BENEF RITIES ne Securi ding Con	<b>ICIAL O</b> ties Exchannpany Ac	E COMMISSION WNERSHIP OF ange Act of 1934, t of 1935 or Section 1940	OMB Number: Expires: Estimated burden hou response	urs per
1. Name and Address of Reporting Person <u>*</u> Scheer David			2. Issuer Name <b>and</b> Ticker or Trading Symbol ACHILLION PHARMACEUTICALS INC [ACHN]			<ul> <li>5. Relationship of Reporting Person(s) to Issuer</li> <li>(Check all applicable)</li> <li>X_ Director 10% Owner</li> </ul>			
(Last) C/O ACHI PHARMA GEORGE	ILLION CEUTICALS, IN	Middle) C., 300		of Earliest T Day/Year) 2016	ransaction		Officer (give below)	e titleOth below)	er (specify
(Street) NEW HAVEN, CT 06511			4. If Amendment, Date Original Filed(Month/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 Person			
(City)	(State)	(Zip)	Tab	ole I - Non-l	Derivative	Securities	Acquired, Disposed o	of, or Beneficia	lly Owned
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deeme Execution any (Month/Da	ed Date, if	3. Transactio Code (Instr. 8) Code V	4. Securit nAcquired Disposed (Instr. 3, -	ies (A) or of (D)	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 Indirect
Reminder: Re	eport on a separate lind	e for each cla	ass of sec	urities bene	Perso inforr requi	ns who re nation cor red to resp	or indirectly. espond to the collect tained in this form bond unless the for ently valid OMB col	are not m	SEC 1474 (9-02)

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

number.

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)	tion Date, if TransactionDerivative Code Securities		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	
Stock Option (Right to Buy)	\$ 7.54	01/25/2016		А	30,000	<u>(1)</u>	01/25/2026	Common Stock	30,000	

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## **Reporting Owners**

Reporting Owner Name / Address		Relationships					
	]	Director	10% Owner	Officer	Other		
Scheer David C/O ACHILLION PHARMACEUTICALS 300 GEORGE STREET NEW HAVEN, CT 06511	, INC.	Х					
Signatures							
/s/ Mary Kay Fenton, attorney-in-fact	)1/27/201	6					
<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) Such option grant vests as to 25% on the date of grant and as to an additional 2.08% at the end of each monthly 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.