ALNYLAM PHARMACEUTICALS, INC.

Form 4

October 12, 2005

FORM 4

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

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OMB APPROVAL

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Form 5 obligations

SECURITIES

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

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

1(b).

(Print or Type Responses)

may continue.

See Instruction

1. Name and Address of Reporting Person * MARAGANORE JOHN

2. Issuer Name and Ticker or Trading

5. Relationship of Reporting Person(s) to Issuer

Symbol

ALNYLAM

PHARMACEUTICALS, INC.

[ALNY]

(Last) (First) (Middle) 3. Date of Earliest Transaction

(Month/Day/Year) 10/12/2005

_X__ Director 10% Owner Other (specify

President and CEO

(Check all applicable)

X_ Officer (give title below)

C/O ALNYLAM

PHARMACEUTICALS, INC., 300 THIRD STREET

(Street)

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

CAMBRIDGE, MA 02142

(City) (State) (Zip)

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

1.Title of Security (Instr. 3)

2. Transaction Date 2A. Deemed

(Month/Day/Year) Execution Date, if any

(Month/Day/Year)

3. 4. Securities TransactionAcquired (A) or Code Disposed of (D) (Instr. 8) (Instr. 3, 4 and 5)

5. Amount of Securities Beneficially Owned Following

Transaction(s)

(Instr. 3 and 4)

Reported

6. Ownership 7. Nature of Indirect Form: Direct (D) or Indirect Beneficial Ownership (Instr. 4) (Instr. 4)

(A) or Code V Amount (D) Price

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.

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	2.	3. Transaction Date	3A. Deemed			6. Date Exercisable and Expiration Date		7. Title and A	Amount
Derivative	Conversion	(Month/Day/Year)	Execution Date, if					Underlying Securitie	
Security	or Exercise		any	Code	Securities	(Month/Day/Year)		(Instr. 3 and 4)	
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Acquired (A) or				
	Derivative				Disposed of (D)				
	Security				(Instr. 3, 4, and				
	-				5)				
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amour Number Shares
Stock Option (right to	\$ 7.47	10/12/2005		A	250,000	10/12/2005(1)	12/21/2014	Common Stock	250,0

Reporting Owners

Relationships Reporting Owner Name / Address Director 10% Owner Officer Other

X

President and CEO

MARAGANORE JOHN C/O ALNYLAM PHARMACEUTICALS, INC.

300 THIRD STREET

CAMBRIDGE, MA 02142

Signatures

/s/ John M.

buy)

10/12/2005 Maraganore **Signature of Reporting Date Person

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).

On December 21, 2004, the reporting person was granted an option to purchase 250,000 shares of common stock. On September 21, 2005, each of the Board of Directors and the Compensation Committee of the Board of Directors of Alnylam determined that the execution of the research collaboration and license agreement by Alnylam with Novartis Institutes for BioMedical Research, Inc. contemplated by the Stock Purchase Agreement dated September 6, 2005 between Alnylam and Novartis Pharma AG would satisfy the criteria previously established by the Compensation Committee for full vesting of the option. As a result, the option vested in its entirety on October 12, 2005, the date of execution of the research collaboration and license agreement.

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