#### ALNYLAM PHARMACEUTICALS, INC.

Form 4 June 05, 2007

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

**SECURITIES** 

OMB Number:

3235-0287

Expires:

January 31, 2005

0.5

Estimated average burden hours per

**OMB APPROVAL** 

response...

if no longer subject to Section 16. Form 4 or Form 5

obligations

Check this box

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

may continue. 30(h) of the Investment Company Act of 1940 See Instruction

1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person \*

2. Issuer Name and Ticker or Trading

5. Relationship of Reporting Person(s) to

Issuer

CLARKE JOHN K

Symbol **ALNYLAM** 

PHARMACEUTICALS, INC.

(Check all applicable)

[ALNY]

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

X\_ Director 10% Owner Officer (give title Other (specify

below)

300 THIRD STREET

(Month/Day/Year) 06/01/2007

Filed(Month/Day/Year)

(Street)

4. If Amendment, Date Original

6. Individual or Joint/Group Filing(Check

Applicable Line)

\_X\_ Form filed by One Reporting Person Form filed by More than One Reporting

Person

CAMBRIDGE, MA 02142

(Zip) (State) (City)

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

(Month/Day/Year)

(Middle)

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

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

(Instr. 4)

(Instr. 4)

Following Reported

Transaction(s) (Instr. 3 and 4)

Code V Amount (D) Price

(A)

or

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)

1. Title of Derivative 2 Conversion 3. Transaction Date 3A. Deemed

(Month/Day/Year) Execution Date, if

5. Number of TransactionDerivative

6. Date Exercisable and **Expiration Date** 

7. Title and Amor Underlying Secur

#### Edgar Filing: ALNYLAM PHARMACEUTICALS, INC. - Form 4

| (Instr. 3) |   | Price of Derivative Security |            | any<br>(Month/Day/Year) | (Instr. 8) |  | Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) |     | (Month/Day/Year)    |                    | (Instr. 3 and 4) |                         |
|------------|---|------------------------------|------------|-------------------------|------------|--|--|-----|---------------------|--------------------|------------------|-------------------------|
|            |   |                              |            |                         | Code       |  | (A)  | (D) | Date<br>Exercisable | Expiration<br>Date | Title            | Am<br>or<br>Nui<br>of S |
|            | Non-Qualified<br>Stock Option<br>(right to buy) | \$ 15.91                     | 06/01/2007 |                         | A          |  | 15,000   |     | 06/01/2008          | 06/01/2017         | Common<br>Stock  | 15                      |

### **Reporting Owners**

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

CLARKE JOHN K
300 THIRD STREET X
CAMBRIDGE, MA 02142

## **Signatures**

By: /s/ Patricia L Allen, Attorney-in-Fact For: John K Clarke 06/05/2007

\*\*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).

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