### Edgar Filing: MOMENTA PHARMACEUTICALS INC - Form 4

MOMENTA Form 4 March 09, 2	A PHARMACEU 2006	TICALS	INC									
FORM	<b>A</b> 4 UNITED	STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549							ION	OMB A OMB Number:	PPROVAL 3235-0287	
if no lor subject Section Form 4 Form 5 obligati may cor <i>See</i> Inst 1(b).	nger to 16. or Filed put ons ntinue.	STATEMENT OF CHANGES IN 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 20(b) of the Investment Company Act of 1940								Expires:       January 31         Expires:       2005         Estimated average       burden hours per         response       0.5		
(Print or Type	Responses)											
1. Name and Address of Reporting Person <u>*</u> Whoriskey Susan K			<ol> <li>Issuer Name and Ticker or Trading Symbol</li> <li>MOMENTA</li> <li>PHARMACEUTICALS INC</li> <li>[MNTA]</li> <li>Date of Earliest Transaction</li> <li>(Month/Day/Year)</li> <li>03/07/2006</li> </ol>				g	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner X Officer (give title 0ther (specify below) below) VP, Lic. & Bus. Dev.				
(Last) (First) (Middle) MOMENTA PHARMACEUTICALS, 675 WEST KENDALL 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 Person				
(City)	(State)	(Zip)	Tal	ole I - Non-l	Derivative	Securit	ties Aca		sed of.	or Beneficia	llv Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemo 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) 4 and 5) (A) or	5. Se Bo O Fo Ro Ti	Amount of ecurities eneficially wned bllowing eported ransaction(s) nstr. 3 and 4)	6. Fo (D (I) (Ir	Ownership orm: Direct ) or Indirect	7. Nature of Indirect	
Reminder: Re	eport on a separate lind	e for each cl	ass of sec	eurities bene	Perso inforr requi	ons who nation red to r	o respo contain respond	ndirectly. and to the c ned in this f d unless the valid OME	iorm a e form	re not	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 3. Transaction Date 3A. Deemed 5. Number of 6. Date Exercisable and 7. Title and Amount 2. 4. Derivative Conversion (Month/Day/Year) Execution Date, if TransactionDerivative **Expiration Date** Underlying Securiti Securities Security or Exercise any Code (Month/Day/Year) (Instr. 3 and 4) (Instr. 3) Price of (Month/Day/Year) (Instr. 8) Acquired (A) Derivative or Disposed of Security (D) (Instr. 3, 4, and 5) Amou Expiration or Date Exercisable Title Date Numb Code V (A) (D) of Sha Employee Stock Common 18,750 06/07/2006(1) 03/06/2016 Option \$23.62 03/07/2006 18,7 А Stock (Right to Purchase)

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# **Reporting Owners**

Reporting Owner Name / Address		1		
	Director	10% Owner	Officer	Other
Whoriskey Susan K MOMENTA PHARMACEUTICALS 675 WEST KENDALL STREET CAMBRIDGE, MA 02142			VP, Lic. & Bus. Dev.	
Signatures				
/s/ Michael Morneau, as attorney-in-fact	03	/09/2006		
**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) Represents option granted by the issuer pursuant to the issuer's 2004 Stock Incentive Plan. Subject to certain criteria, the shares subject to such option vest as to 6.25% of the shares at the end of each three-month period following the grant date.
- (2) Includes multiple option grants with different prices and vesting dates.

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.