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IRONWOOD PHARMACEUTICALS INC

Form 4

Class B

Common Stock

November 1	9, 2012											
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION								OME	OMB APPROVAL			
	UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 Check this box							N OMB Number:				
if no long subject to Section 1 Form 4 o	ger o STATE 16. or	MENT OF CHANGES IN BENEFICIAL OV SECURITIES							Estimate burden h response	January 31, 2005 ed average nours per e 0.5	2005	
Form 5 obligations may continue. See Instruction 1(b). 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												
(Print or Type I	Responses)											
1. Name and A	2. Issuer Name and Ticker or Trading Symbol IRONWOOD PHARMACEUTICALS INC [IRWD]					5. Relationship of Reporting Person(s) to Issuer						
						(Check all applicable) _X_ Director 10% Owner						
(Last)	(First)	(Middle)	3. Date of Earliest Transaction (Month/Day/Year)					Officer (give title below) Other (specify below)				
C/O IRONV PHARMAC BINNEY S'	CEUTICALS, IN	IC., 301	11/15/2	•								
	(Street) 4.				te Origina	1		 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting 				
	GE, MA 02142	(T)						Person	y More than One	e Reporting		
(City)	(State)	(Zip)	Tabl	e I - Non-D	erivative	Secur	rities A	cquired, Disposed	of, or Benefic	cially Owned		
1.Title of Security (Instr. 3)	2. Transaction Dat (Month/Day/Year	Transaction Date 2A. Deemed Month/Day/Year) Execution Date, if any (Month/Day/Year)				(A) of (D) 4 and (A) or) 5)	Securities G Beneficially F Owned (Following I	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
Class A Common	11/15/2012			Code V $J(1)$	Amount 1,664		Price \$ 0	3,881	D			
Stock				_	,		, •	,				
Class B Common Stock								90,000	D			

By Longfellow

Venture

723,755

I

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Partners I, LLC (2)

Class B

Common Stock

254,152

Ι

By Conrades Family, LLC

(3)

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

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

SEC 1474 (9-02)

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

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	4. Transactio Code (Instr. 8)	5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3,		ate	7. Title an Amount of Underlyin Securities (Instr. 3 a	of Dang S	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owne Follo Repo Trans (Instr
			Code V	4, and 5) (A) (D)	Date Exercisable	Expiration Date	or Title Nu of	nount imber ares		

Reporting Owners

Relationships Reporting Owner Name / Address

> Director 10% Owner Officer Other

CONRADES GEORGE H C/O IRONWOOD PHARMACEUTICALS, INC. **301 BINNEY STREET** CAMBRIDGE, MA 02142

X

Signatures

/s/ Halley E. Gilbert Attorney-in-Fact

11/19/2012

**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).

Reporting Owners 2

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- (1) Distributed pro rata to the partners of Polaris Venture Partners Founders' Fund II, L.P. without additional consideration in accordance with the partnership agreement of Polaris Venture Partners Founders' Fund II, L.P.
- (2) The reporting person is the sole manager of Longfellow Venture Partners I, LLC, the beneficial owner of the securities.
- (3) The reporting person is a managing member of Conrades Family, LLC, the beneficial owner of the securities.

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.