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IRONWOO Form 4 June 05, 201	D PHARMACEU	TICALS	INC									
									OME	APPROVAL		
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549									N OMB	3235-0287		
Check th	aor.								Expires:	January 31,		
if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b). STATEMENT OF CHANGES IN BENEFICIA SECURITIES Filed pursuant to Section 16(a) of the Securities E Section 17(a) of the Public Utility Holding Company 30(h) of the Investment Company Ac						Exchar y Act	L OWNERSHIP OF Estimated average burden hours per response					
(Print or Type l	Responses)											
CONRADES GEORGE H Syml IRO PHA			Symbol IRONW	WOOD RMACEUTICALS INC				 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) _X_ Director10% Owner 				
			f Earliest Transaction				Officer (give title Other (specify below)					
C/O IRONV PHARMAC BINNEY S'	CEUTICALS, INC	C., 301	(Month/D 06/03/20					Delow)	Uelow)			
	(Street)			ndment, Da nth/Day/Year	-	1		6. Individual or Applicable Line) _X_ Form filed b	y One Reporting	g Person		
CAMBRID	GE, MA 02142							Form filed by Person	y More than One	e Reporting		
(City)	(State)	(Zip)	Tabl	e I - Non-D	erivative	Secur	ities A	cquired, Disposed	of, or Benefi	cially Owned		
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deen Executior any (Month/D	n Date, if	3. Transactio Code (Instr. 8) Code V	Disposed (Instr. 3,	(A) o 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 Beneficial Ownership (Instr. 4)		
Class A Common Stock	06/03/2013			J <u>(1)</u>		A	\$ 0	7,570	D			
Class B Common Stock								90,000	D			
Class B Common Stock								723,755	Ι	By Longfellow Venture		

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		Partners I, LLC (2)
Class B		By Conrades
Common	254,152 I	Family, LLC
Stock		(3)
Reminder: Report on a separate line for each class of securities be	eneficially owned directly or indirectly.	
	Persons who respond to the collection	
	information contained in this form are required to respond unless the form	e not (9-02)

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

number.

displays a currently valid OMB control

Der Sec	Fitle of rivative curity str. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	4. Transacti Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)			7. Title and Amount of Underlying Securities (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships						
		Director	10% Owner	Officer	Other		
CONRADES GEORGE H C/O IRONWOOD PHARMACEUTICAL 301 BINNEY STREET CAMBRIDGE, MA 02142	S, INC.	X					
Signatures							
/s/ Halley E. Gilbert Attorney-in-Fact	06/05/20)13					
<pre>**Signature of Reporting Person</pre>	Date						
Evalopation of Deenews							

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).

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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.