ALNYLAM PHARMACEUTICALS, INC.

Form 4

October 22, 2013

FORM 4

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

OMB Number:

3235-0287

Expires:

January 31, 2005

0.5

Estimated average

burden hours per response...

OMB APPROVAL

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES**

Form 4 or Form 5 obligations may continue.

Check this box

if no longer

subject to

Section 16.

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 See Instruction

1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person * Greene Barry E

2. Issuer Name and Ticker or Trading

5. Relationship of Reporting Person(s) to Issuer

Symbol

ALNYLAM

PHARMACEUTICALS, INC.

(Check all applicable)

President and COO

[ALNY]

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

X_ Officer (give title below)

Director

10% Owner Other (specify

(Month/Day/Year) 10/21/2013

C/O ALNYLAM PHARMACEUTICALS, INC, 300

THIRD STREET

4. If Amendment, Date Original

(Instr. 8)

6. Individual or Joint/Group Filing(Check

Applicable Line)

Filed(Month/Day/Year)

X Form filed by One Reporting Person Form filed by More than One Reporting

CAMBRIDGE, MA 02142

(City) (State) (Zip)

(Street)

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)

any

3. 4. Securities TransactionAcquired (A) or Code Disposed of (D)

Code V Amount (D)

(Instr. 3, 4 and 5)

5. Amount of Securities Beneficially Owned

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

(Instr. 4) (Instr. 4)

Following Reported (A) Transaction(s) or (Instr. 3 and 4)

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)

Edgar Filing: ALNYLAM PHARMACEUTICALS, INC. - Form 4

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transactio Code (Instr. 8)	5. Number of or Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisab Expiration Date (Month/Day/Year		7. Title and A Underlying S (Instr. 3 and 4	Securities
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Share
Stock Option (right to	\$ 59.31	10/21/2013		A <u>(1)</u>	10,000	10/21/2013(2)	10/21/2023	Common Stock	10,000

Reporting Owners

Reporting Owner Name / Address	Relationships					
Topologies (nation) and the	Director 10% Owner		Officer	Other		
Greene Barry E						
C/O ALNYLAM PHARMACEUTICALS, INC			President			
300 THIRD STREET			and COO			
CAMBRIDGE MA 02142						

Signatures

buy)

/s/ Michael P. Mason, Attorney-in-Fact for Barry E.
Greene 10/22/2013

**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).
- On September 11, 2013, the Compensation Committee approved the grant of an option to purchase 10,000 shares of common stock to each employee of the issuer who completes 10 consecutive years of employment. The reporting person completed 10 years of employment on October 20, 2013.
- (2) The stock option is immediately exercisable.

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