Edgar Filing: NARACHI MICHAEL - Form 4

NARACHI MICI	HAEL											
Form 4 May 25, 2012												
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FORM 4	UNITED	STATES					GE CO	OMMISSIC	ON	OMB Number:	3235-028	
Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. <i>See</i> Instruction 1(b).	STATE. Filed pu Section 17	Washington, D.C. 20549 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 30(h) of the Investment Company Act of 1940								Expires: January 3 20 Estimated average burden hours per response 0		
(Print or Type Respo	onses)											
1. Name and Address of Reporting Person <u>*</u> NARACHI MICHAEL			2. Issuer Name and Ticker or Trading Symbol AMAG PHARMACEUTICALS INC. [AMAG]					5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
(Last) C/O AMAG PHARMACEUT HAYDEN AVE	FICALS, IN	(Middle) [C., 100		of Earliest T Day/Year) 2012	ransaction			_X_ Director Officer (g below)		tle $\frac{109}{\text{below}}$	% Owner her (specify	
(Street) LEXINGTON, MA 02421			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 				
	(State)	(Zip)	Tab	lo I Non I	Dominations	Samuitia		Person	d of	on Donofioio	lly Owned	
1.Title of 2. Tra	ansaction Date hth/Day/Year)	e 2A. Deemo	ed Date, if	3.	4. Securit nAcquired Disposed (Instr. 3, 4	ies (A) or of (D)	5. A Sec Be Ow Fol Rej Tra (In	ired, Disposed Amount of curities neficially rned lowing ported unsaction(s) str. 3 and 4)	6. Fo (D (I)	Ownership rm: Direct) or Indirect	7. Nature of Indirect	
Reminder: Report or	n a separate lir	e for each cla	ass of sec	urities bene	ficially ow	ned direct	tly or in	directly.				

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 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

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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. Transactic Code (Instr. 8)	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exer Expiration D (Month/Day,	ate	7. Title and Amount of Underlying Securities (Instr. 3 and 4)	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Stock Options	\$ 13.3	05/23/2012		А	7,600	(1)	05/23/2022	Common Stock	7,600
Restricted Stock Unit	<u>(3)</u>	05/23/2012		А	3,800	(4)	(2)	Common Stock	3,800

Reporting Owners

Reporting Owner Name / Address		Relationships						
	Director	10% Owner	Officer	Other				
NARACHI MICHAEL C/O AMAG PHARMACEUTICALS, I 100 HAYDEN AVENUE LEXINGTON, MA 02421	NC. X							
Signatures								
Nancy R. Smith, attorney-in-fact)5/25/2012							

Date

**Signature of Reporting Person

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).
- Grant of stock option pursuant to the AMAG Pharmaceuticals, Inc. Second Amended and Restated 2007 Equity Incentive Plan. This (1)option will vest and become exercisable in twelve equal monthly installments over one year from the date of grant.
- (2) Not applicable.

(3) Each restricted stock unit represents a contingent right to receive one share of the Issuer's common stock.

Grant of restricted stock unit pursuant to the AMAG Pharmaceuticals, Inc. Second Amended and Restated 2007 Equity Incentive Plan. This grant will vest in equal monthly installments over one year from the date of grant; however, delivery of the shares is deferred until

(4) the earlier of (a) three years from the date of grant or (b) the date the reporting person no longer serves as a member of the Board of Directors of AMAG Pharmaceuticals, Inc.

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.

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