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AMAG PHA Form 4 June 05, 201	RMACEUTIC	CALS INC.	-								
FORM	1 4							OMB AF	PROVAL		
		SECURITIES AND EXCHANGE C Washington, D.C. 20549				OMMISSION	OMB Number:	3235-0287			
Check thi if no long subject to Section 1 Form 4 o	STATE 6.	x STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES							Expires: January 3 200 Estimated average burden hours per		
Form 4 or 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							response	0.5			
(Print or Type F	Responses)										
Wilson Kenneth H Symbol AMA			Symbol AMAG	Issuer Name and Ticker or Trading nbol MAG PHARMACEUTICALS C. [AMAG]				5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
(Last) (First) (Middle) 3. Date (Mont				e of Earliest Transaction n/Day/Year) /2015				Director 10% Owner Officer (give title Other (specify below) below) below) SVP, Sales and Marketing			
(Street) 4. If Amendment, Date Original Filed(Month/Day/Year) WALTHAM, MA 02451						 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting 					
WALIHAN	1, MA 02431							Person			
(City)	(State)	(Zip)	Table	e I - Non-D	erivative	Secur	ities Acq	uired, Disposed of	, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction D (Month/Day/Yea	ar) Execution any		3. Transactio Code (Instr. 8)		spose	d of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		
				Code V	Amount	(D)	Price \$	(Instr. 3 and 4)			
Common Stock	06/03/2015			S	5,388	D	68.77 (1)	25,000	D		

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

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 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)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transactio Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Under Secur	unt of rlying	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					
l g	Director	10% Owner	Officer	Other			
Wilson Kenneth H C/O AMAG PHARMACEUTICALS, IN 1100 WINTER STREET WALTHAM, MA 02451	C.		SVP, Sales and Marketing				
Signatures							
Nancy R. Smith, 06. attorney-in-fact	/05/2015						

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).

The shares sold on this date were sold in multiple transactions. The price reflected is the weighted average sales price per share of all shares sold under this reporting event on this date. The actual prices per share range from \$68.53 to \$68.95, inclusive. Upon request by

 shares sold under this reporting event on this date. The actual prices per share range from 308.55 to 308.55, inclusive, opon request by the Securities and Exchange Commission, AMAG Pharmaceuticals, Inc., or any security holder of the Issuer, the reporting person will provide full information regarding the number of shares sold at each price.

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.