## Edgar Filing: PEACOCK BRUCE - Form 4

PEACOCK	BRUCE										
Form 4											
July 20, 201	7										
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION									PPROVAL		
UNITED STATES SECONTIES AND EXCHANGE COMMISSION									3235-0287		
Check this box Washington, D.C. 20549							Number:	January 31,			
if no longer				CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES				Estimated	Expires: 2009 Estimated average burden hours per		
Form 4 c								response	•		
Form 5 obligations may continue. See Instruction 1(b). Form 5 billed 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	Responses)										
1. Name and Address of Reporting Person <u>*</u> PEACOCK BRUCE			2. Issuer Name <b>and</b> Ticker or Trading Symbol			5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
			Dicerna Pharmaceuticals Inc [DRNA]								
(Last)		(Middle)	(Month/	of Earliest T Day/Year)	ransaction		X Director Officer (giv below)		% Owner her (specify		
C/O DICEF		0.07	07/18/2	2017				001011)			
	CEUTICALS, IN GEPARK DRIV										
(Street)			4. If Amendment, Date Original			6. Individual or Joint/Group Filing(Check					
CAMPDID	CE MA 02140		Filed(Mo	onth/Day/Yea	r)		Applicable Line) _X_ Form filed by Form filed by	One Reporting P More than One R			
CAMBRID	GE, MA 02140						Person		1 8		
(City)	(State)	(Zip)	Tab	ole I - Non-I	Derivative	Securities A	cquired, Disposed	of, or Beneficia	ally Owned		
1.Title of Security (Instr. 3)	2. Transaction Date 2A. Deem (Month/Day/Year) Execution any (Month/D		Date, if TransactionAcquired (A Code Disposed of ay/Year) (Instr. 8) (Instr. 3, 4 an		(A) or of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
				Code V	Amount	or (D) Price	(Instr. 3 and 4)				
				Code V	Amount	(D) Price					
Reminder: Rep	port on a separate lin	e for each cl	ass of sec	urities benef	ficially ow	ned directly of	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.

 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 orDerivative Securities Acquired (A) or Disposed or (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)		8 E S (1
				Code V	(A) (D	) Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Director Stock Option (right to buy)	\$ 3.42	07/18/2017		A	25,000	<u>(1)</u>	07/18/2027	Common Stock	25,000	

## **Reporting Owners**

Reporting Owner Name / Address		Relationships					
	Director	10% Owner	Officer	Other			
PEACOCK BRUCE C/O DICERNA PHARMACEUTICAI 87 CAMBRIDGEPARK DRIVE CAMBRIDGE, MA 02140	LS, INC.	Х					
Signatures							
/s/ John B. Green, attorney-in-fact	07/20/20	17					
**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).
- (1) This option vests monthly over 12 months from July 11, 2017 in substantially equal monthly installments, subject to the Reporting Person's continued service to the Issuer through each such date.

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.