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ACHILLION	N PHARMACEU	JTICALS	INC								
Form 4											
August 22, 2	Л								OMB A	PPROVA	۹L
FORN Check th	UNITED	STATES		RITIES AN Ishington, I			COMMISSI	ON	OMB Number:		-0287
if no long subject to Section 1 Form 4 o	ser STATEN .6.	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES								Expires: January Estimated average burden hours per	
Form 5 obligation may cont See Instru 1(b).	Filed put ns Section 170	(a) of the l	Public U		ng Comp	any Act	nge Act of 193 of 1935 or Se 940		response		0.5
(Print or Type I	Responses)										
1. Name and Address of Reporting Person <u>*</u> RA CAPITAL MANAGEMENT, LLC			2. Issuer Name and Ticker or Trading Symbol ACHILLION PHARMACEUTICALS INC			5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
(Last) 20 PARK P	(First) (LAZA, SUITE 1	(Middle) 200		of Earliest Trar Day/Year)	nsaction		Director Difficer below)		$\begin{array}{c} \underline{X} 10^{\circ} \\ \underline{X} 0^{\circ} \\ below \end{array}$	% Owner her (specify	7
(Street) BOSTON, MA 02116			4. If Amendment, Date Original Filed(Month/Day/Year)			 6. Individual or Joint/Group Filing(Check Applicable Line) Form filed by One Reporting Person _X_ Form filed by More than One Reporting 					
		(7)					Person				
(City)	(State)	(Zip)	Tab				cquired, Dispos			-	
	2. Transaction Date (Month/Day/Year)		Date, if	TransactionA Code D	Disposed of Instr. 3, 4 a	(D) or	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	For (D) (I)	Ownership rm: Direct) or Indirect str. 4)	Indirect	al 1ip
Reminder: Rep	ort on a separate line	e for each cl	ass of sec	urities benefici	ially owned	d directly o	or indirectly.				
					Persons informa required	s who res tion conta to respo s a currer	pond to the co ained in this fo ond unless the ntly valid OMB	orm ai form	re not	SEC 1474 (9-02)	
	Tab	ole II - Deriv	vative Sec	curities Acqui	red, Dispo	sed of, or	Beneficially Ow	ned			

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

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5. Number of	6. Date Exercisable and	7. Title and Amou
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transact	iorDerivative	Expiration Date	Underlying Secur

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Security (Instr. 3)	or Exercise Price of Derivative Security		any (Month/Day/Year)	Code (Instr. 8)	Securities Acquired (Month/Day/Year) (A) or Disposed of (D) (Instr. 3, 4, and 5)		/Year)	(Instr. 3 and 4)		
				Code V	(A)	(D)	Date Exercisable	Expiration Date	Title	Am Nur Sha
Call Option (right to buy)	\$ 10	10/01/2013		S		20,000 (3)	(6)	01/18/2014	Common Stock	2,0
Call Option (right to buy)	\$ 20	10/01/2013		P <u>(1)</u>	20,000 (3)		(6)	01/18/2014	Common Stock	2,0
Call Option (right to buy)	\$ 7.5	10/01/2013		S		10,000 (4)	(6)	01/18/2014	Common Stock	1,0
Call Option (right to buy)	\$ 15	10/01/2013		P <u>(1)</u>	10,000 (4)		(6)	01/18/2014	Common Stock	1,0
Call Option (right to buy)	\$ 5	10/01/2013		Р	30,000 (5)		(6)	01/17/2015	Common Stock	3,0
Call Option (obligation to sell)	\$ 7.5	10/01/2013		S <u>(2)</u>		30,000 (5)	<u>(6)</u>	01/17/2015	Common Stock	3,0

Reporting Owners

Reporting Owner Name / Address		Relationsh	nips	
	Director	10% Owner	Officer	Other
RA CAPITAL MANAGEMENT, LLC 20 PARK PLAZA, SUITE 1200 BOSTON, MA 02116		Х		
Kolchinsky Peter 20 PARK PLAZA, SUITE 1200 BOSTON, MA 02116		Х		
RA Capital Healthcare Fund LP 20 PARK PLAZA, SUITE 1200 BOSTON, MA 02116		Х		
Signatures				

/s/ Peter Kolchinsky Peter Kolchinsky, Manager of RA Capital Management, LLC				
<u>**</u> Signature of Reporting Person	Date			
/s/ Peter Kolchinsky Peter Kolchinsky, individually	08/22/2014			

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**Signature of Reporting Person	Date
/s/ Peter Kolchinsky Peter Kolchinsky, Manager of RA Capital Management, LLC, the General Partner of RA Capital Healthcare Fund, L.P.	08/22/2014
**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).
- Transaction represents the covering of previously reported call options written by RA Capital Healthcare Fund, L.P. (the "Fund") and for
 an account owned by Blackwell Partners, LLC (the "Blackwell Account") as part of an equity option spread, under which the Fund and the Account have no further obligations.
- (2) Transaction represents the offsetting of previously reported call options purchased by the Fund and the Account, under which the Fund and the Account have no further rights.
- (3) The options transacted include 14,885 contracts for the Fund and 5,115 contracts for the Blackwell Account.
- (4) The options transacted include 7,760 contracts for the Fund and 2,240 contracts for the Blackwell Account.
- (5) The options transacted include 24,000 contracts for the Fund and 6,000 contracts for the Blackwell Account.
- (6) These options are exercisable at any time prior to their expiration.
- (7) Following the transactions set forth on Table II above, 24,000 option contracts are held by the Fund and 6,000 options contracts are held in the Blackwell Account.
- (8) Following the transactions set forth on Table II above, 4,800 option contracts are held by the Fund and 200 option contracts are held in the Blackwell Account.

RA Capital Management, LLC (the "Adviser") is the general partner of the Fund and the investment adviser of the Blackwell Account.
 (9) Peter Kolchinsky is the sole manager of the Adviser. In their respective capacities, each of Mr. Kolchinsky and the Adviser may be deemed to beneficially own the reported securities.

Pursuant to Rule 16a-1 under the Securities Exchange Act of 1934, as amended (the "Act"), each of the Reporting Persons disclaims

(10) beneficial ownership of the securities reported herein except to the extent of their respective pecuniary interests therein. The filing of this Form 4 shall not be construed as an admission that Mr. Kolchinsky or the Adviser is or was for the purposes of Section 16(a) of the Act, or otherwise, the beneficial owner of any of securities reported herein.

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.