ACHILLION PHARMACEUTICALS INC Form 3 August 22, 2007 FORM 3 UNITED STATES SEC

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

INITIAL STATEMENT OF 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

(Print or Type Responses)

1. Name and Address of Reporting Person <u>*</u> WRIGHT DAVID P			2. Date of Eve Statement (Month/Day/Y		3. Issuer Name and Ticker or Trading Symbol ACHILLION PHARMACEUTICALS INC [ACHN]					
(Last) (Fin	rst)	(Middle)	08/20/2007		4. Relationship of Reporting Person(s) to Issuer			5. If Amendment, Date Original Filed(Month/Day/Year)		
300 GEORGE S'	TREET				(61 1					
^(Street) NEW HAVEN, CT 06511					(Check all applicable)			6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person		
					X_Director10% Owner OfficerOther (give title below) (specify below)					
(City) (Sta	ate)	(Zip)		Table I - N	lon-Derivati	ive Securiti	ies Be	neficially Owned		
1.Title of Security (Instr. 4)				2. Amount of Beneficially (Instr. 4)		3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nat Owne (Instr	•		
No securities are	benefic	ially owne	ed	0		D	Â			
Reminder: Report on owned directly or ind		e line for ead	ch class of secu	rities benefici	ally SI	EC 1473 (7-02	2)			
	informa require	tion conta d to respoi	oond to the c ined in this f nd unless the IB control nu	orm are not e form displa						
Table	II - Deriv	ative Secur	ities Beneficia	lly Owned (e.	g., puts, calls,	warrants, op	tions, c	onvertible securities)		

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)		4. Conversion or Exercise Price of	5. Ownership Form of Derivative	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date	Title	Amount or Number of	Security Direct (D)		

OMB APPROVAL

Estimated average burden hours per

3235-0104

January 31,

2005

0.5

OMB

Number:

Expires:

response...

Shares

(I) (Instr. 5)

Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
WRIGHT DAVID P 300 GEORGE STREET NEW HAVEN, CT 06511	ÂX	Â	Â	Â			
Signatures							
/s/ Mary Kay Fenton, attorney-in-fact		08/22/200	07				
**Signature of Reporting Person		Date					

Explanation of Responses:

* If the form is filed by more than one reporting person, *see* Instruction 5(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).

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.