Edgar Filing: White Christopher G - Form 4

White Christ Form 4	*										
August 07, 2	ЛЛ								omb af	PPROVAL	
	UNITE	D STATES					NGE C	OMMISSION	OMB Number:	3235-0287	
Check th if no long subject to Section 1 Form 4 c Form 5 obligation may com See Instr 1(b).	ger o 16. or Filed j ns tinue.	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								January 31, 2005 Estimated average burden hours per response 0.5	
(Print or Type]	Responses)										
1. Name and Address of Reporting Person <u>*</u> White Christopher G			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 AMAC PHARMAC HAYDEN A	CEUTICALS, I	(Middle)	3. Date of (Month/D 08/06/20		ansaction			Director X Officer (give below) Chief Bus			
				If Amendment, Date Original led(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 Person			
(City)	(State)	(Zip)	Tabl	e I - Non-D	erivative	Secur	ities Acq	uired, Disposed of	, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction I (Month/Day/Ye	med	3.	4. Securities Acquired on(A) or Disposed of (D) (Instr. 3, 4 and 5) (A)			5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)			
Common Stock	08/06/2012			Code V C	Amount 3,750 (1)	or (D) A	Price (2)	(Instr. 3 and 4) 3,750	D		
Common Stock	08/06/2012			S <u>(3)</u>	3,750	D	\$ 14.29	0	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. Number on f Derivative Securities Acquired (A) or Disposed of (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. Pr Deriv Secu (Inst
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Restricted Stock Unit	<u>(4)</u>	08/06/2012		С	3,750	(5)	(2)	Common Stock	3,750	9

Reporting Owners

Reporting Owner Name / Address		Relationships						
	Director	10% Owner	Officer	Other				
White Christopher G C/O AMAG PHARMACEUTICALS, I 100 HAYDEN AVENUE LEXINGTON, MA 02421	NC.		Chief Business Officer, SVP					
Signatures								
Nancy R. Smith, attorney-in-fact	8/07/2012							

**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).
- (1) The shares were acquired by the reporting person as a result of the partial vesting of a restricted stock unit grant described below.
- (2) Not applicable.
- (3) The sale reported on this Form 4 was effected pursuant to a 10b5-1 trading plan adopted by the reporting person.
- (4) Each restricted stock unit represents a contingent right to receive one share of common stock.

Date

(5) Grant of 15,000 restricted stock units pursuant to the AMAG Pharmaceuticals, Inc. Second Amended and Restated 2007 Equity Incentive Plan. This grant vested as follows: 50% on August 5, 2010, 25% on August 5, 2011 and the remaining 25% on August 5, 2012.

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.