Edgar Filing: NICHOL GEOFFREY - Form 4

NICHOL GEOFFREY								
Form 4								
March 06, 2009								
FORM 4		GEOU						PPROVAL
Washington, D.C. 20549							N OMB Number:	3235-0287
Check this box if no longer							Expires:	January 31, 2005
subject to Section 16. Form 4 or	F CHAI	ANGES IN BENEFICIAL OWNERSHIP OF SECURITIES					Estimated average burden hours per response 0.5	
obligations	17(a) of the	Public U	tility Hol		npany Act	nge Act of 1934, of 1935 or Secti 940		
(Print or Type Responses)								
1. Name and Address of Repor NICHOL GEOFFREY	2. Issuer Name and Ticker or Trading Symbol MEDAREX INC [MEDX]			5. Relationship of Reporting Person(s) to Issuer				
(Last) (First)	(Middle)			-	1	(Che	eck all applicable	e)
MEDAREX, INC., 707 S ROAD	· · ·		of Earliest T Day/Year) 2009	ransaction		Director X Officer (gi below) Sr. V. P.		6 Owner er (specify pment
(Street)	4. If Amendment, Date Original			6. Individual or Joint/Group Filing(Check				
PRINCETON, NJ 08540		Filed(Mo	onth/Day/Yea	ır)			y One Reporting Po More than One Ro	
(City) (State)	(Zip)	75 1		.	~ •••		e n e ·	
	-					Acquired, Disposed		-
1.Title of Security (Instr. 3)2. Transaction E (Month/Day/Ye	ed 3. 4. Securities Date, if TransactionAcquired (A) or Code Disposed of (D) ny/Year) (Instr. 8) (Instr. 3, 4 and 5) (A)			(A) or of (D) and 5)	5. Amount of Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
			Code V		or (D) Price	Transaction(s) (Instr. 3 and 4)		
Reminder: Report on a separate	line for each c	lass of sec	urities bene	ficially own	ed directly	or indirectly.		
				inform require	ation cont ed to resp ys a curre	spond to the colle tained in this forn ond unless the fo ntly valid OMB co	n are not rm	SEC 1474 (9-02)

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (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 Amount of
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transacti	orDerivative	Expiration Date	Underlying Securities
Security	or Exercise		any	Code	Securities	(Month/Day/Year)	(Instr. 3 and 4)

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(Instr. 3)	Price of Derivative Security		(Month/Day/Year)	(Instr. 8)	Acquired (A Disposed of (Instr. 3, 4, 5)	f (D)				
				Code V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount Number Shares
Stock Option (Right to Buy)	\$ 3.72	03/05/2009		A	120,000		<u>(1)</u>	03/04/2019	Common Stock	120,00
Restricted Stock Units	<u>(2)</u>	03/05/2009		А	40,000		(3)	<u>(3)</u>	Common Stock	40,000

Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
NICHOL GEOFFREY MEDAREX, INC. 707 STATE ROAD PRINCETON, NJ 08540			Sr. V. P. Product Development				
Signatures							

GEOFFREY M. 03/06/2009 NICHOL **Signature of Reporting Date

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) One quarter (1/4) of the shares vest on each of the one-year, two-year, three year and four-year anniversaries of the grant date.
- (2) Each restricted stock unit represents a contingent right to receive one share of Medarex, Inc. common stock.

The restricted stock units vest in accordance with the following schedule, provided that (i) vesting shall cease upon termination of a participant's service and (ii) the award shall become fully and immediately vested upon a Change in Control as defined in the Medarex

(3) 2005 Equity Incentive Plan: One-fourth (1/4th) of the shares subject to the award shall vest on the date that is thirteen (13) months after the date of the grant, and one-fourth (1/4th) of the shares subject to the award shall vest on the second, third and fourth anniversaries of the date of grant. An election to defer delivery of the shares is permitted.

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.