Edgar Filing: Vittiglio Joseph - Form 4

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Form 4	pn										
August 30, 20	017										
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION								OMB APPROVAL			
		DSIAILS		shington,					OMB Number:	3235-0287	
Check thi if no long	er			~~~~					Expires:	January 31, 2005	
subject to Section 10 Form 4 or	6. r	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES							Estimated a burden hour response	verage	
Form 5 obligations may continue. See Instruction 1(b). 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							n				
(Print or Type R	Responses)										
Vittiglio Joseph Syn AM			Symbol AMAG	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 AMAG PHARMAC WINTER ST	EUTICALS, I	(Middle) NC., 1100	3. Date of (Month/D 08/29/20	-	ansaction			Director X Officer (give below) SVP, (Owner er (specify el	
	(Street)		4 If Ame	ndment, Da	te Origina	1		6. Individual or Jo	oint/Group Filin	o(Check	
. ,				onth/Day/Year)				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 Aca	uired, Disposed of	. or Beneficial	lv Owned	
1.Title of Security (Instr. 3)	2. Transaction D (Month/Day/Yea	ar) Executio any	med	3. Transactic Code (Instr. 8) Code V	4. Securi on(A) or D (Instr. 3,	ties A	cquired d of (D) 5)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of	
Common Stock	08/29/2017			S	1,250 (1)	D	Price \$ 16.75	33,504	D		

Reminder: Report on a separate line for each class of securities beneficially owned directly 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)	4. Transactio Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Amou Under Secur	le and int of rlying ities . 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr
			Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address		Relationships						
FB	Director	10% Owner	Officer	Other				
Vittiglio Joseph C/O AMAG PHARMACEUTICALS, 1 1100 WINTER STREET WALTHAM, MA 02451	INC.		SVP, General Counsel					
Signatures								
Nancy R. Smith, attorney-in-fact	08/29/2017							

**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) The reported transaction on this Form 4 was effected pursuant to a Rule 10b5-1 trading plan adopted by the reporting person on June 12, 2017.

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.