Edgar Filing: INSMED Inc - Form 4

INSMED Inc	0										
Form 4											
August 14, 2	.014										
FORM	14					~~~		ON DECEMBER ON	OMB AF	PROVAL	
Washington, D.C. 20										3235-0287	
Check this box if no longer									Expires:	January 31, 2005	
subject to STATEMENT OF CHANC							L OWN	NERSHIP OF	Estimated a		
Section 1	16. SECURITIES							burden hours per			
Form 4 o Form 5		rement to Se	ection 1	6(a) of th	e Securit	ios F	vehange	e Act of 1934,	response	0.5	
obligation	ns Section 170						-	1935 or Section	1		
may cont <i>See</i> Instru 1(b).	inue.			vestment	•	· ·					
(Print or Type F	Responses)										
SHAROKY MELVIN MD Symbol				Name and		Tradin		5. Relationship of Reporting Person(s) to Issuer			
INSME			D Inc [IN	ISMJ			(Check all applicable)				
(Last) (First) (Middle) 3. Date of (Month/E) 10 FINDERNE AVENUE 08/13/2				of Earliest Transaction							
				-				XDirector10% Owner Officer (give titleOther (specify below)below)			
			endment, Date Original				6. Individual or Joint/Group Filing(Check				
			nth/Day/Year	r)			Applicable Line)				
BRIDGEW	ATER, NJ 08807	7						_X_ Form filed by O Form filed by M Person			
(City)	(State)	(Zip)	Tabl	e I - Non-I	Derivative	Securi	ties Acqu	uired, Disposed of,	or Beneficial	y Owned	
1.Title of Security (Instr. 3)	2. Transaction Data (Month/Day/Year)		Date, if	Code (Instr. 8)	4. Securit on(A) or Di (Instr. 3, 4)	sposed	of (D)	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 Indirect Beneficial Ownership (Instr. 4)	
Common Stock	08/13/2014			P	88,889	A	\$ 11.25	260,469	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	2.	3. Transaction Date	3A. Deemed	4.	5.		6. Date Exerc	cisable and	7. Tit	le and	8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transacti	onNumb	ber	Expiration D	ate	Amou	int of	Derivative	Deriv
Security	or Exercise		any	Code	of		(Month/Day/	Year)	Under	rlying	Security	Secu
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Deriv	Derivative			Secur	ities	(Instr. 5)	Bene
	Derivative		• •		Secur	rities			(Instr.	. 3 and 4)		Owne
	Security				Acqui	ired						Follo
	2				(A) 01							Repo
					Dispo							Trans
					of (D)							(Instr
					(Instr.	·						[×]
					4, and 5)							
					,	ĺ.	_					
				Code V	(A)	(D)		Expiration	Title	Amount		
							Exercisable	Date		or		
										Number		
										of		
										Shares		

Reporting Owners

Reporting Owner Name / Address		Relationsh		
	Director	10% Owner	Officer	Other
SHAROKY MELVIN MD				
10 FINDERNE AVENUE	Х			
BRIDGEWATER, NJ 08807				
Signatures				
/s/ Melvin Sharoky, by Christin Attorney-in-fact	08/14/2014			
** Signature of Pone	Data			

**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).

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.