REICIN ALISE

Form 3

November 02, 2018

FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPROVAL

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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 2. Date of Event Requiring 3. Issuer Name and Ticker or Trading Symbol Person * Statement CELGENE CORP / DE / [CELG] **REICIN ALISE** (Month/Day/Year) 11/01/2018 (Last) (First) (Middle) 4. Relationship of Reporting 5. If Amendment, Date Original Person(s) to Issuer Filed(Month/Day/Year) C/O CELGENE (Check all applicable) CORPORATION, Â 86 MORRIS **AVENUE** 10% Owner Director (Street) Officer Other 6. Individual or Joint/Group (give title below) (specify below) Filing(Check Applicable Line) PRES., GLOBAL CLINICAL _X_ Form filed by One Reporting DEV. Person SUMMIT. NJÂ 07901 _ Form filed by More than One Reporting Person (City) (State) (Zip) Table I - Non-Derivative Securities Beneficially Owned 2. Amount of Securities 3. 4. Nature of Indirect Beneficial

1.Title of Security (Instr. 4)

Beneficially Owned (Instr. 4)

Ownership Form: Direct (D) 4. Nature of Indirect Beneficial Ownership

(Instr. 5)

or Indirect (I) (Instr. 5)

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

SEC 1473 (7-02)

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Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible 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	Form of	6. Nature of Indirect Beneficial Ownership (Instr. 5)
					Price of	Derivative	
	Date Evercisable	Expiration	Title	Amount or	Derivative Security	Security: Direct (D)	

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Shares

or Indirect (I)

(Instr. 5)

Reporting Owners

Reporting Owner Name / Address Relationships

Director 10% Owner Officer

Other

REICIN ALISE C/O CELGENE CORPORATION 86 MORRIS AVENUE SUMMIT, NJÂ 07901

 \hat{A} \hat{A} \hat{A} PRES., GLOBAL CLINICAL DEV. \hat{A}

Signatures

/s/ Mark J. Alles, Attorney-in-Fact

11/02/2018

**Signature of Reporting Person

Date

Explanation of Responses:

No securities are beneficially owned

- * 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.

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