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IRONWOOI Form 4 March 29, 20	D PHARMACEU	TICALS	INC								
									OME	APPROVAL	
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549									N OMB	3235-0287	
Check th	aer.								Expires:	January 31	
if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b). 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 30(h) of the Investment Company Act of 1940								F Estimate burden h response	Estimated average burden hours per response 0.5		
(Print or Type I	Responses)										
CONRADES GEORGE H Symbol IRON				er Name and Ticker or Trading VOOD MACEUTICALS INC				5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X_ Director10% Owner			
(Last) (First) (Middle) 3. Date of				f Earliest Transaction Day/Year)				Officer (gi below)		Other (specify	
	(Street) 4. If Ame Filed(Mor				-	1		6. Individual or Joint/Group Filing(Check Applicable Line) _X_Form filed by One Reporting Person			
CAMBRIDGE, MA 02142								Form filed by More than One Reporting Person			
(City)	(State)	(Zip)	Tabl	e I - Non-D	erivative	Secur	ities A	cquired, Disposed	of, or Benefi	cially Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	Execution any		3. 4. Securities TransactionAcquired (A) or Code Disposed of (D) (Instr. 8) (Instr. 3, 4 and 5) (A) or Code V Amount (D) Price			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)		
Class A Common Stock	03/28/2013			A <u>(1)</u>	136	А	\$0	5,906	D		
Class B Common Stock								90,000	D		
Class B Common Stock								723,755	I	By Longfellow Venture	

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			Partners I, LLC (2)
Class B Common	254,152	I	By Conrades Family, LLC
Stock			(3)
Reminder: Report on a separate line for each class of securities be	eneficially owned directly or indirectly.		
	Persons who respond to the coll	SEC 1474	
	information contained in this for required to respond unless the fo	(9-02)	

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

number.

displays a currently valid OMB control

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	4. Transactic Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	Expiration D (Month/Day/ e	ion Date Amor /Day/Year) Unde Secur		le and int of rlying ities . 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur 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						
	Director	10% Owner	Officer	Other			
CONRADES GEORGE H C/O IRONWOOD PHARMACEUTICAL 301 BINNEY STREET CAMBRIDGE, MA 02142	S, INC.	X					
Signatures							
/s/ Halley E. Gilbert Attorney-in-Fact	03/29/20						
**Signature of Reporting Person	Date						
Evaloretion of Deenews							

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).

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(1) Issued pursuant to Director Compensation Plan.

(2) The reporting person is the sole manager of Longfellow Venture Partners I, LLC, the beneficial owner of the securities.

(3) The reporting person is a managing member of Conrades Family, LLC, the beneficial owner of the securities.

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.