### Edgar Filing: IRONWOOD PHARMACEUTICALS INC - Form 4

IRONWOO Form 4 March 05, 2	DD PHARMACEU 2014	JTICALS	INC							
<b>FORM</b> Check t	UNITED	Washington, D.C. 20549								
if no lor subject Section Form 4 Form 5 obligati may cor <i>See</i> Inst 1(b).	nger to 16. or Filed pur ons ntinue.	burden hou response	Estimated average burden hours per response 0.5							
(Print or Type	Responses)									
1. Name and Address of Reporting Person <u>*</u> Higgins Michael J			2. Issuer Name <b>and</b> Ticker or Trading Symbol IRONWOOD PHARMACEUTICALS INC [IRWD]				Issuer (Che	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner X Officer (give title 0ther (specify below) Chief Operating Officer		
(Last) (First) (Middle) C/O IRONWOOD PHARMACEUTICALS, INC., 301 BINNEY STREET			<ul><li>3. Date of Earliest Transaction</li><li>(Month/Day/Year)</li><li>03/03/2014</li></ul>				below)			
			Amendment, Date Original Month/Day/Year)			Applicable Line) _X_ Form filed by Form filed by	6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person			
(City)	(State)	(Zip)	Tab	ole I - Non-l	Derivative	Securities	Acquired, Disposed of	of. or Beneficia	llv Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deema Execution any (Month/Da	ed Date, if	3. Transactio Code (Instr. 8) Code V	4. Securit nAcquired Disposed (Instr. 3, -	ies (A) or 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	
Reminder: Re	port on a separate line	e for each cl	ass of sec	urities bene	Perso inforr requi	ns who re nation cor red to res	v or indirectly. espond to the colle- ntained in this form pond unless the for ently valid OMB col	are not m	SEC 1474 (9-02)	

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

 (e.g., puts, calls, warrants, options, convertible securities)

number.

#### 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 TransactionDerivative Expiration Date **Underlying Securities** Security (Month/Day/Year) (Instr. 3 and 4) or Exercise any Code Securities (Instr. 3) Price of (Month/Day/Year) (Instr. 8) Acquired (A) Derivative or Disposed of Security (D) (Instr. 3, 4, and 5) Amount Date Expiration or Title Exercisable Date Number Code V (A) (D) of Shares Employee Stock Class A Option 03/03/2014 85,000 (1) 03/03/2024 Common \$14.11 85,000 А Stock (Right to Buy)

# **Reporting Owners**

Reporting Owner Name / Address		Relationships					
FB	Director	10% Owner	Officer	Other			
Higgins Michael J C/O IRONWOOD PHARMACEUTICALS, IN 301 BINNEY STREET CAMBRIDGE, MA 02142	NC.		Chief Operating Officer				
Signatures							
/s/ Halley E. Gilbert	105/2014						

Attorney-in-Fact

03/05/2014 Date

\*\*Signature of Reporting 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) The option, granted as an annual performance award, vests as to 2.08333% of the shares of Class A Common Stock on each monthly anniversary of January 1, 2014.

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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