ACORDA THERAPEUTICS INC

Form 4 March 07, 2008

FORM 4

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

SECURITIES

OMB APPROVAL OMB

3235-0287 Number:

January 31, Expires: 2005

0.5

Estimated average burden hours per

response...

if no longer subject to Section 16. Form 4 or Form 5

Check this box

obligations may continue.

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

See Instruction

1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person * COHEN RON			2. Issuer Name and Ticker or Trading Symbol	5. Relationship of Reporting Person(s) to Issuer		
			ACORDA THERAPEUTICS INC [ACOR]	(Check all applicable)		
(Last)	(First)	(Middle)	3. Date of Earliest Transaction	Director 10% Owner X Officer (give title Other (specify		
15 SKYLINE DRIVE			(Month/Day/Year)	below) below)		
			03/05/2008	President and CEO		
	(Street)		4. If Amendment, Date Original	6. Individual or Joint/Group Filing(Check		
			Filed(Month/Day/Year)	Applicable Line)		
HAWTHORNE, NY 10532				_X_ Form filed by One Reporting Person Form filed by More than One Reporting		
111 W 1110KNL, W1 10332				Person		
(City)	(State)	(Zip)	Table I - Non-Derivative Securities Ac	quired. Disposed of, or Beneficially Owner		

` •	` /	17 Table	e 1 - Non-D	erivative S	ecuriu	es Acq	luirea, Disposea (oi, or Beneficial	iy Ownea
1.Title of	2. Transaction Date	2A. Deemed	3.	4. Securities Acquired on(A) or Disposed of			5. Amount of	6. Ownership Form: Direct	7. Nature of Indirect
Security	(Month/Day/Year)	Execution Date, if	Transactio				Securities		
(Instr. 3)		any	Code	(D)			Beneficially	(D) or	Beneficial
		(Month/Day/Year)	(Instr. 8)	(Instr. 3, 4	and 5))	Owned	Indirect (I)	Ownership
							Following	(Instr. 4)	(Instr. 4)
					(4)		Reported		
					(A)		Transaction(s)		
			Code V	Amount	or (D)	Price	(Instr. 3 and 4)		
Common Stock (1)	03/05/2008		A	25,000	A	\$0	165,384	D	

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

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02)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)

Edgar Filing: ACORDA THERAPEUTICS INC - Form 4

E S	. Title of Derivative Security Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transactic Code (Instr. 8)	5. Number of or Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4,	Derivative Expiration Date Securities (Month/Day/Ye Acquired (A) or Disposed of (D)		7. Title and A Underlying S (Instr. 3 and	Securities
					Code V	and 5) (A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
S	Employee Stock Option	\$ 19.81	03/05/2008		A	62,500 (2)	04/01/2008	03/05/2018	Common Stock	62,500

Reporting Owners

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

COHEN RON 15 SKYLINE DRIVE HAWTHORNE, NY 10532

President and CEO

Signatures

/s/ Ron Cohen 03/07/2008

**Signature of Date
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) Restricted Shares issued under the Company's 2006 Employee Incentive Plan.
- (2) The shares subject to these options vest in equal quarterly installments beginning on January 1, 2008.

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.

Reporting Owners 2