### Edgar Filing: FIER IAN - Form 4

FIER IAN Form 4												
February 19, 2	2019											
FORM	FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION								PPROVAL			
	UNITED STATES SECURITIES AND EXCHANGE COMMISSIO Washington, D.C. 20549						COMMISSION	OMB Number:	3235-0287			
Check this if no longe subject to Section 16 Form 4 or Form 5	er <b>STAT</b> 5.	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES								Expires:January 31Expires:2005Estimated averageburden hours perresponse0.5		
obligation may contin <i>See</i> Instruct 1(b).	s Section	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 Ro	esponses)											
1. Name and Address of Reporting Person <sup>*</sup> FIER IAN (Last) (First) (Middle) C/O MOMENTA PHARMACEUTICALS, INC., 301 BINNEY STREET			<ul> <li>2. Issuer Name and Ticker or Trading Symbol</li> <li>MOMENTA</li> <li>PHARMACEUTICALS INC</li> <li>[MNTA]</li> <li>3. Date of Earliest Transaction</li> <li>(Month/Day/Year)</li> <li>02/14/2019</li> </ul>				ıg	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) <u>Director</u> 10% Owner X_Officer (give title 10% Other (specify below) Chief Mfg and Program Officer				
				nendment, Date Original onth/Day/Year)				<ul> <li>6. Individual or Joint/Group Filing(Check Applicable Line)</li> <li>_X_ Form filed by One Reporting Person</li> <li> Form filed by More than One Reporting</li> </ul>				
CAMBRIDG	BE, MA 0214	2						Person		porting		
(City)	(State)	(Zip)	Table	e I - Non-D	erivative s	Securi	ties Acc	quired, Disposed of	f, or Beneficial	lly Owned		
1.Title of Security (Instr. 3)	2. Transaction (Month/Day/Y	ear) Execution any		Transactie Code (Instr. 8)	4. Securi on(A) or D (D) (Instr. 3,	4 and (A) or	d of	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)			
Common Stock	02/14/2019			S <u>(1)</u>	4,450	D	\$ 13.1	87,917	D			

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

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

1. 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. Transacti Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Amou Unde Secur	le and unt of rlying rities . 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**

<b>Reporting Owner Name / Address</b>	Relationships					
I. S.	Director	10% Owner	Officer	Other		
FIER IAN C/O MOMENTA PHARMACEUTICALS, INC 301 BINNEY STREET CAMBRIDGE, MA 02142			Chief Mfg and Program Officer			
Signatures						
/s/ R. Mark Chamberlin as attorney in fact	02/19/2019					
<u>**</u> 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).

(1) This transaction was effected pursuant to a Rule 10b5-1 trading plan.

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.