GAMZU ELKAN R

Form 4 May 01, 2009

FORM 4

Check this box

if no longer

subject to

Section 16.

Form 4 or

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

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Form 5 obligations may continue. See Instruction

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

1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person **GAMZU ELKAN R

2. Issuer Name **and** Ticker or Trading Symbol

5. Relationship of Reporting Person(s) to

OMB APPROVAL

3235-0287

January 31,

2005

0.5

OMB

Number:

Expires:

response...

Estimated average

burden hours per

Issuer

(Last)

Security

(Instr. 3)

(First) (Middle)

3. Date of Earliest Transaction

EPIX Pharmaceuticals, Inc. [EPIX]

(Month/Day/Year)

X Director _____ 10% Owner X_ Officer (give title _____ Other (specify

C/O EPIX PHARMACEUTICALS, INC., 4 MAGUIRE ROAD

04/30/2009

__X__ Officer (give title _____ Other (specifically)

(Check all applicable)

President and CEO

(Street) 4. If Amendment, Date Original

Filed(Month/Day/Year)

6. Individual or Joint/Group Filing(Check

Applicable Line)

X Form filed by One Reporting Person ___ Form filed by More than One Reporting

(Instr. 4)

Person

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

LEXINGTON, MA 02421

(City) (State) (Zip)

1.Title of 2. Transaction Date 2A. Deemed

(Month/Day/Year)

2A. Deemed 3. 4. Securities
Execution Date, if TransactionAcquired (A) or any Code Disposed of (D)

Code V Amount (D) Price

5. Amount of Securities Beneficially Owned 6. Ownership 7. Nature of Form: Direct Indirect (D) or Indirect Beneficial (I) Ownership

(Month/Day/Year) (Instr. 8) (Instr. 3, 4 and 5)

Following Reported Transaction(s)

(Instr. 3 and 4)

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

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

SEC 1474 (9-02)

(Instr. 4)

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

1. Title of 2.Derivative ConversionSecurity or Exercise

3. Transaction Date 3A. Deemed (Month/Day/Year) Execution D

3A. Deemed Execution Date, if any

4. 5. Number of TransactionDerivative Code Securities

(A)

6. Date Exercisable and Expiration Date (Month/Day/Year)

7. Title and Amount of Underlying Securities (Instr. 3 and 4)

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| (Instr. 3) | Price of Derivative Security | (Mor | nth/Day/Year) | (Instr. | r. 8) Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | | | | | | |
|------------------------|------------------------------------|------------|---------------|---------|--|---------|-----|---------------------|--------------------|-----------------|----------------------------------|
| | | | | Code | V | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares |
| Stock Option (Right to | \$ 0.52 | 04/30/2009 | | A | | 400,000 | | <u>(1)</u> | 04/30/2019 | Common Stock | 400,000 |

Reporting Owners

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

GAMZU ELKAN R C/O EPIX PHARMACEUTICALS, INC. 4 MAGUIRE ROAD LEXINGTON, MA 02421

X President and CEO

Signatures

/s/ Kim Cobleigh Drapkin, Attorney-in-Fact 05/01/2009

**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) The stock option vests over a four year period, with 25% vesting on the three-month anniversary of the date of grant and the remainder vesting in equal quarterly installments on the two year, three year, and four year anniversary of the date of grant.

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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