### LAWRENCE DAVID

Form 4 March 12, 2018

# FORM 4

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

**OMB** 3235-0287 Number:

Check this box

January 31, Expires: 2005

**OMB APPROVAL** 

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF Estimated average **SECURITIES** burden hours per

response... 0.5

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 * LAWRENCE DAVID			2. Issuer Name and Ticker or Trading Symbol ACORDA THERAPEUTICS INC [ACOR]	5. Relationship of Reporting Person(s) to Issuer  (Check all applicable)			
(Last)	(First) (Middle) 3. (N		3. Date of Earliest Transaction (Month/Day/Year) 03/08/2018	Director 10% Owner X Officer (give title Other (specify below) below)			
(Street)			4. If Amendment, Date Original	Chief, Bus. Ops & PAO  6. Individual or Joint/Group Filing(Check			
ARDSLEY, NY 10502			Filed(Month/Day/Year)	Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person			
(City)	(Stata)	(7in)					

			1 Clson						
(City)	(State)	(Zip)	Гable I	- Non-Derivative Securities Acq	uired, Disposed o	of, or Beneficially Owned			
1.Title of	2. Transaction Date	2A. Deemed	3.	4. Securities Acquired	5. Amount of	6. Ownership 7. Nature of			
Security	(Month/Day/Vear)	Execution Date	if T	rangaction(A) or Disposed of (D)	Securities	Form: Direct Indirect			

Security	(Month/Day/Year)	Execution Date, if	Transactio	on(A) or Dispose	d of (D)	Securities F	Form: Direct	Indirect	
(Instr. 3)		any	Code	(Instr. 3, 4 and	5)	Beneficially	(D) or	Beneficial	
		(Month/Day/Year)	(Instr. 8)			Owned	Indirect (I)	Ownership	
		•				Following	(Instr. 4)	(Instr. 4)	
						Reported			
				(A)		Transaction(s)			
				or		(Instr. 3 and 4)			
			Code V	Amount (D)	Price	,			
Common				1 766	\$				

8,124 03/08/2018 F D D (1) 25.65 Stock

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: LAWRENCE DAVID - Form 4

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. Transactic Code (Instr. 8)	5.  onNumber of Derivative Securities Acquired (A) or Disposed of (D)		ate	7. Title Amoun Underly Securiti (Instr. 3	t of ying es	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Own Follo Repo Trans (Instr
				Code V	(Instr. 3, 4, and 5)  (A) (D)	Date Exercisable	Expiration Date	Title N	Amount or Number of Shares		

# **Reporting Owners**

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

LAWRENCE DAVID 420 SAW MILL RIVER ROAD ARDSLEY, NY 10502

Chief, Bus. Ops & PAO

### **Signatures**

/s/ David Lawrence 03/12/2018

\*\*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) Reflects the number of shares of the issuer's Common Stock that were withheld to cover tax liability in connection with settlement of restricted stock units that vested as reported on a prior Form 4.

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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