## Edgar Filing: Shea Richard P - Form 4

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Shea Richard Form 4												
August 26, 2										OMB AP	PROVAL	
	FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549								OMMISSION	OMB Number:	3235-0287	
Check th if no long	7.0 <b>r</b>	IENT OL							JEDCUID OF	Expires:	January 31, 2005	
subject to Section 1 Form 4 o	l6.	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES									verage s per 0.5	
Form 4 or Form 5 obligations may continue. See Instruction 1(b). 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								I				
(Print or Type I	Responses)											
			2. Issuer Name <b>and</b> Ticker or Trading Symbol MOMENTA PHARMACEUTICALS INC [MNTA]					,	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner			
			3. Date of Earliest Transaction (Month/Day/Year)						XOfficer (give titleOther (specify below) below) SVP, CFO			
MOMENTA PHARMAC KENDALL	CEUTICALS, 675	5 WEST	08/24/2	.010								
				nendment, Date Original onth/Day/Year)					<ul> <li>6. Individual or Joint/Group Filing(Check</li> <li>Applicable Line)</li> <li>_X_ Form filed by One Reporting Person</li> </ul>			
CAMBRID	GE, MA 02142								Form filed by M Person			
(City)	(State)	(Zip)	Tab	le I - Non-I	Deriv	vative S	ecurit	ies Acqu	uired, Disposed of,	or Beneficiall	y Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	ansaction Date 2A. Deemed th/Day/Year) Execution Date, if any (Month/Day/Year)		3. 4. Securities Acquired Transaction (A) or Disposed of (D) Code (Instr. 3, 4 and 5) (Instr. 8) (A) or			d of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
Common Stock	08/24/2010			Code $S(1)(2)$		Amount 219	(D) D	Price \$ 15.22	(Instr. 3 and 4) 39,951	D		

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.

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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)	4. Transacti Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	7. Tit Amou Unde Secur (Instr	int of rlying	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**

Reporting Owner Name / Address	Relationships						
hepoting of the transferred	Director	10% Owner	Officer	Other			
Shea Richard P MOMENTA PHARMACEUTICALS 675 WEST KENDALL STREET CAMBRIDGE, MA 02142			SVP, CFO				
Signatures							
/s/ Michael Flanagan as attorney in fact	08	/26/2010					

\*\*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 sale was effected pursuant to a Rule 10b5-1 trading plan adopted by the reporting person on August 28, 2008.

This transaction was executed in multiple trades at prices ranging from \$15.18 to \$15.22. The price reported above reflects the weighted
 (2) average sale price. The reporting person hereby undertakes to provide upon request to the SEC staff, the issuer or a security holder of the issuer full information regarding the number of shares and prices at which the transaction was effected.

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.