### Edgar Filing: Shaw David Evans - Form 4

Shaw David F Form 4	Evans											
January 04, 20												
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION							OMB APPROVAL					
Check this				hington					Number:	3235-0287		
if no longe subject to Section 16 Form 4 or Form 5 obligation	er <b>STATE</b> 5. Filed pu	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,								January 31Expires:2005Estimated averageburden hours perresponse0.5		
may contin See Instruct 1(b).	nue. Section 17		Public Uti of the Inv					of 1935 or Section 40	on			
(Print or Type Ro	esponses)											
1. Name and Address of Reporting Person <u>*</u> Shaw David Evans			2. Issuer Name <b>and</b> Ticker or Trading Symbol					5. Relationship of Reporting Person(s) to Issuer				
			IRONWOOD PHARMACEUTICALS INC [IRWD]					(Check all applicable) X Director 10% Owner				
(Last) (First) (Middle) C/O IRONWOOD PHARMACEUTICALS, INC., 301			3. Date of Earliest Transaction (Month/Day/Year) 12/31/2010					Officer (give titleOther (specify below) below)				
BINNEY ST		,										
(Street)			4. If Amendment, Date Original Filed(Month/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> <li> Form filed by More than One Reporting</li> </ul>				
CAMBRIDG	BE, MA 02142							Person	wore than one K	eporting		
(City)	(State)	(Zip)	Table	I - Non-I	Derivativ	e Securi	ities Ac	quired, Disposed (	of, or Beneficia	lly Owned		
1.Title of Security (Instr. 3)	2. Transaction D (Month/Day/Yea	ar) Execution any	emed on Date, if 'Day/Year)	3. Transact Code (Instr. 8) Code V	Dispos (Instr.	red (A) of sed of (I 3, 4 and (A) or	0)   5)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
Class A Common Stock	12/31/2010			A <u>(1)</u>	241	A	\$0	52,215	D			
Class A Common Stock								4,420	I	By wife		
Class B Common Stock								377,085	D			

#### Edgar Filing: Shaw David Evans - Form 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.

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

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exer	cisable and	7. Tit	le and	8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transacti	onNumber	Expiration D	ate	Amou	int of	Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Under	rlying	Security	Secu
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivativ	e		Secur	ities	(Instr. 5)	Bene
	Derivative				Securities	3		(Instr	. 3 and 4)		Owne
	Security				Acquired						Follo
	•				(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
					(Instr. 3,						
					4, and 5)						
									Amount		
						Date	Expiration		or		
						Exercisable	Date	Title	Number		
				~					of		
				Code V	(A) (D)				Shares		

## **Reporting Owners**

Reporting Owner Name / Address		Relationships						
	Director	10% Owner	Officer	Other				
Shaw David Evans C/O IRONWOOD PHARMACEUTICALS 301 BINNEY STREET CAMBRIDGE, MA 02142	, INC.	X						
Signatures								
/s/ Halley E. Gilbert Attorney-in-Fact	01/04/20	)11						

\*\*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) Issued pursuant to Director Compensation 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.