## Edgar Filing: Shaw David Evans - Form 4

Shaw David I Form 4	Evans												
January 03, 2	013												
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549									COMMISSION	OMB AI OMB Number:	PROVAL 3235-0287		
Check this box			vv as	ningu	Expires:	January 31,							
if no long subject to Section 16 Form 4 or		OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES								Expires. 2005 Estimated average burden hours per response 0.5			
Form 5 obligation may conti <i>See</i> Instru 1(b).	$\frac{1}{1}$ Section 1'	7(a) of the		ility H	old	ing Com	bany	Act of	e Act of 1934, 1935 or Section 0	n			
(Print or Type R	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_Director10% Owner						
(Last) (First) (Middle)			3. Date of Earliest Transaction (Month/Day/Year)						Officer (give title Other (specify below) below)				
C/O IRONW PHARMACI BINNEY ST	EUTICALS, II	NC., 301	12/31/20	)12									
				ndment, Date Original th/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>				
CAMBRIDO	GE, MA 02142								Form filed by M Person	Iore than One Re	porting		
(City)	(State)	(Zip)	Table	e I - No	n-De	erivative S	ecurit	ies Acq	uired, Disposed of	, or Beneficial	ly Owned		
1.Title of Security (Instr. 3)	2. Transaction D (Month/Day/Yea	ar) Execution any	med on Date, if Day/Year)	3. 4. Securities Acquired Transaction(A) or Disposed of Code (D) (Instr. 8) (Instr. 3, 4 and 5) (A) or				of	Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)			
Class A				Code	V	Amount	(D)	Price	(Instr. 3 and 4)				
Common Stock	12/31/2012			A <u>(1)</u>		225	А	\$0	53,779	D			
Class B Common Stock	12/31/2012			G <u>(2)</u>	V	52,356	D	\$0	324,729	D			
Class A Common Stock									4,420	I	By wife		

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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 Exerc	cisable and	7. Titl	e and	8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transactio	onNumber	Expiration D	ate	Amou	nt of	Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Under	lying	Security	Secu
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Securi	ties	(Instr. 5)	Bene
	Derivative				Securities	5		(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 Normalian		
						Exercisable Date	Date		Number		
				Cala V	(A) (D)			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.	Х						
Signatures								
/s/ Halley E. Gilbert Attorney-in-Fact	01/03/20	013						

<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) Issued pursuant to Director Compensation Plan.
- (2) In order to effect the gift, 52,356 shares of Class B Common Stock were converted into 52,356 shares of Class A Common Stock in accordance with the issuer's certificate of incorporation.

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.