Edgar Filing: ALKERMES INC - Form 4

ALKERMES Form 4	S INC											
January 27, 2	_									OMB AP	PROVAL	
FORM	UNITEL) STATES				ND EXCH D.C. 2054		GE C	OMMISSION	OMB Number:	3235-0287	
Check th if no long	10r			-						Expires:	January 31, 2005	
subject to Section 1 Form 4 o	.6.	STATEMENT OF CHANGES IN BENEFICIAL OWNERSI SECURITIES								Estimated average burden hours per response		
Form 5 obligation may cont <i>See</i> Instru- 1(b).	ns Section 17	7(a) of the	Public U	tility Ho	oldi		any A	Act of	Act of 1934, 1935 or Section)			
(Print or Type I	Responses)											
			2. Issuer Name and Ticker or Trading Symbol ALKERMES INC [ALKS]					5. Relationship of Reporting Person(s) to Issuer				
(Last)	(First)	(Middle)	3. Date of Earliest Transaction (Check a					all applicable)				
((Month/I	(Month/Day/Year) 01/26/2010					Director 10% Owner Officer (give title Other (specify below) SVP, R&D & Chief Medical Ofcr			
	(Street)			endment, I nth/Day/Ye		Original			6. Individual or Joi Applicable Line) _X_ Form filed by O Form filed by M	ne Reporting Per	son	
CAMBRID	GE, MA 02139								Person	ore than one rep	Jorung	
(City)	(State)	(Zip)	Tab	le I - Non	-De	rivative Se	curiti	es Acqu	iired, Disposed of,	or Beneficiall	y Owned	
1.Title of Security (Instr. 3)	2. Transaction Date 2A. Deemed (Month/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			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)			
				Code	V	Amount	(D)	Price	(Instr. 3 and 4)			
Common Stock	01/26/2010			M <u>(1)</u>		375	А	\$ 7.36	40,454	D		
Common Stock	01/26/2010			S <u>(2)</u>		375	D	\$ 12.2	40,079	D		
Common Stock	01/26/2010			M <u>(1)</u>		14,869	А	\$ 7.36	54,948	D		
Common Stock	01/26/2010			S/K ⁽²⁾		14,869	D	\$ 12.2	40,079	D		

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

Edgar Filing: ALKERMES INC - Form 4

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 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. Transactio Code (Instr. 8)	onDeriv Secur Acqu or Di (D)	rities ired (A) sposed of : 3, 4,	Expiration Date	5. Date Exercisable and Expiration Date Month/Day/Year)		7. Title and Amoun Underlying Securiti (Instr. 3 and 4)	
				Code V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amou or Numt of Sha	
Employee Stock Option (right to buy)	\$ 7.36	01/26/2010		M <u>(1)</u>		375	12/12/2003 <u>(3)</u>	12/12/2012	Common Stock	37.	
Employee Stock Option (right to buy)	\$ 7.36	01/26/2010		M <u>(1)</u>		14,869	12/12/2003 <u>(3)</u>	12/12/2012	Common Stock	14,8	

Reporting Owners

Reporting Owner Name / Address	Relationships							
	Director	10% Owner	Officer	Other				
Ehrich Elliot 88 SIDNEY STREET CAMBRIDGE, MA 02139			SVP, R&D & Chief Medical Ofcr					
Signatures								
Jennifer Baptiste, Attorney-in-Fact for Elliot Ehrich			01/27/2010					
<u>**</u> Signature of Reporting Pe	erson		Date					
Explanation of Po	enon	0001						

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 option exercise was effected pursuant to a Rule 10b5-1 trading plan adopted by the reporting person.

Edgar Filing: ALKERMES INC - Form 4

- (2) This sale was effected pursuant to a Rule 10b5-1 trading plan adopted by the reporting person.
- (3) The option became exercisable in equal annual installments over a four-year period, at the rate of 25% per year commencing one year after 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.