Edgar Filing: AMAG PHARMACEUTICALS INC. - Form 4

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AMAG PHA Form 4 April 16, 201	RMACEUTICAI 4	LS INC.									
FORM	4									PPROVAL	
Check thi	STATES S	SECURITIES AND EXCHANGE C Washington, D.C. 20549					COMMISSION	OMB Number:	3235-02		
if no long	or								Expires:	January	31, 005
subject to Section 10 Form 4 or	ubject to STATEMENT OF CHANGES Section 16. SEC				ES IN BENEFICIAL OWNERSHIP OF ECURITIES					Estimated average burden hours per response 0.5	
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											
(Print or Type R	lesponses)										
1. Name and Address of Reporting Person <u>*</u> PEREZ ROBERT J			2. Issuer Name and Ticker or Trading Symbol AMAG PHARMACEUTICALS				5. Relationship of Reporting Person(s) to Issuer				
			INC. [AMAG]					(Check all applicable)			
(Last) (First) (Middle) C/O AMAG PHARMACEUTICALS, INC., 1100			(Month/Dav/Year)					X Director Officer (give below)	Officer (give title Other (specify		
WINTER ST	FREET										
Filed(Mor				Amendment, Date Original Month/Day/Year)				 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting 			
WALTHAM	I, MA 02451							Person			
(City)		Zip)						quired, Disposed o		-	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	onth/Day/Year) Execution Date, if TransactionAcquire any Code Dispose		nAcquired Disposed	Acquired (A) or So Disposed of (D) B (Instr. 3, 4 and 5) O For R		Beneficially (Owned I	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
~				Code V	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)			
Common Stock (1)	06/13/2013			G	2,500	D	\$0	6,500	D		
Common Stock (1)								2,500	Ι	See footnote. (2)	

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

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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. Transactic Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Amou Unde Secur	le and unt of rlying rities . 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owna Follo Repo Trans (Instr
Demen				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		
•	rting O	wners		Relation	iships						

Reporting Owner Name / Address Director 10% Owner Officer Other

Date

PEREZ ROBERT J C/O AMAG PHARMACEUTICALS, INC. 1100 WINTER STREET WALTHAM, MA 02451

Signatures

Nancy R. Smith,	04/16/2014
attorney-in-fact	04/10/2014

**Signature of 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).

X

(1) This Transaction reflects the gifting of shares of common stock of AMAG Pharmaceuticals, Inc. by the Reporting Person to the Perez Trust (as defined in the following footnote).

Reflects shares held by the Christine E. Perez 2004 Revocable Trust, dated February 25, 2004, as amended (the "Perez Trust"). These shares are held in trust for the benefit of the Reporting Person, his spouse and their descendants. The Reporting Person's spouse is the

(2) shares are near in this for the benefit of the reporting reason, ins sporse and their descendants. The Reporting reason's sporse is the trustee of the Perez Trust. The Reporting Person disclaims beneficial ownership of the securities held by the Perez Trust, except to the extent of his pecuniary interest therein.

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.