#### Edgar Filing: THOMAS FRANK E - Form 4

THOMAS F	RANK E										
Form 4	1 2012										
Washington, D.C. 20549 Number.								OMB	PROVAL 3235-0287		
(Print or Type I	Responses)										
THOMAS FRANK E Syn AM			Symbol AMAG	AMAG PHARMACEUTICALS				5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
		INC. [AMAG]									
(Mon			(Month/E	. Date of Earliest Transaction Month/Day/Year) 1/30/2012				Director 10% Owner Officer (give title Other (specify below) below) EVP, COO			
				endment, 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> <li> Form filed by More than One Reporting</li> </ul>			
(City)	(State)	(Zip)						Person			
(City)(State)(Zip)Ta1.Title of2. Transaction Date2A. DeemedSecurity(Month/Day/Year)Execution Date, i(Instr. 3)any (Month/Day/Year)		ned n Date, if	Code (Instr. 3, 4 and 5) (Instr. 8)				5. Amount of Securities Beneficially Owned Following Reported	or Beneficiall 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect		
Common Stock	11/30/2012			Code V M	Amount 10,000 (1)	(A) or (D) A	Price (2)	Transaction(s) (Instr. 3 and 4) 17,000	D		
Common Stock	11/30/2012			S <u>(3)</u>	5,000	D	\$ 15.08	12,000 <u>(4)</u>	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.

#### Edgar Filing: THOMAS FRANK E - Form 4

 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. Number of orDerivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)		8. l De Sec (In
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Restricted Stock Units	<u>(5)</u>	11/30/2012		М	10,000	<u>(6)</u>	(2)	Common Stock	10,000	

## **Reporting Owners**

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
THOMAS FRANK E 100 HAYDEN AVENUE LEXINGTON, MA 02421			EVP, COO				
Signatures							
Nancy R. Smith,	12	/04/2012					

# \*\*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) The shares were acquired by the reporting person as a result of the partial vesting of the restricted stock unit grant described below.
- (2) Not applicable.

attorney-in-fact

- (3) The sale reported on this Form 4 was effected pursuant to a 10b5-1 trading plan adopted by the reporting person.
- (4) The amount reported in this Form 4 includes all shares of common stock beneficially owned by the reporting person, including shares acquired upon the vesting of restricted stock units, which will be included as required in subsequent Forms 4.
- (5) Each restricted stock unit represents a contingent right to receive one share of common stock of AMAG Pharmaceuticals, Inc. (the "Issuer")

Grant of restricted stock unit pursuant to Issuer's Second Amended and Restated 2007 Equity Incentive Plan. This grant vests in three(6) installments. The first installment of 10,000 restricted stock units vested on November 30, 2012. The remaining installments of 5,000 restricted stock units each will vest on November 30, 2013 and November 30, 2014, respectively.

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.