ALNYLAM PHARMACEUTICALS, INC. Form 3 March 03, 2014 FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

#### INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

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 Responses)

1. Name and Address of Reporting Person <u>*</u> Sanofi			2. Date of Event Requiring Statement (Month/Day/Year)	3. Issuer Name and Ticker or Trading Symbol ALNYLAM PHARMACEUTICALS, INC. [ALNY]				
(Last)	(First)	(Middle)	02/27/2014		4. Relationship of Reporting Person(s) to Issuer			5. If Amendment, Date Original Filed(Month/Day/Year)
54 RUE LA	BOETIE							
(Street)					(Check all applicable)		6. Individual or Joint/Group	
PARIS, IO.					Director Officer (give title below	X10% Other (specify below)	•	Filing(Check Applicable Line) _X_Form filed by One Reporting Person Form filed by More than One Reporting Person
(City)	(State)	(Zip)	,	Table I - N	lon-Derivat	ive Securiti	es Be	neficially Owned
1.Title of Secur (Instr. 4)	ity			2. Amount of Beneficially (Instr. 4)		3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nat Owne (Instr	
Common Sto	ock			8,766,338		Ι		wholly-owned subsidiary, zyme Corp.
Reminder: Repo	-	ate line for ea	ch class of secur	rities benefici	ially S	EC 1473 (7-02	.)	
	inform require	ation conta ed to respo	pond to the co ained in this fo nd unless the MB control nu	orm are not form displ				

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

1. Title of Derivative Security	2. Date Exercisable and	3. Title and Amount of	4.	5.	6. Nature of Indirect
(Instr. 4)	Expiration Date	Securities Underlying	Conversion	Ownership	Beneficial Ownership
	(Month/Day/Year)	Derivative Security	or Exercise	Form of	(Instr. 5)
		(Instr. 4)	Price of	Derivative	
		Title	Derivative	Security:	
			Security	Direct (D)	

OMB APPROVAL

Estimated average burden hours per

3235-0104

January 31,

2005

0.5

OMB

Number:

Expires:

response...

### Edgar Filing: ALNYLAM PHARMACEUTICALS, INC. - Form 3

Date	Expiration	Amount or	or Indirect
Exercisable	Date	Number of	(I)
		Shares	(Instr. 5)

# **Reporting Owners**

Reporting Owner Name / Address				
	Director	10% Owner	Officer	Other
Sanofi 54 RUE LA BOETIE PARIS, I0 75008	Â	ÂX	Â	Â
0' '				

## **Signatures**

John Felitti Associate Vice President, Corporate Law, Financial & Securities Law	03/03/2014
<u>**</u> Signature of Reporting Person	Date

# **Explanation of Responses:**

\* If the form is filed by more than one reporting person, *see* Instruction 5(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).

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.