#### ACORDA THERAPEUTICS INC

Form 4

September 27, 2007

# FORM 4

Check this box

### UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

30(h) of the Investment Company Act of 1940

OMB Number:

3235-0287

Expires:

January 31, 2005

0.5

Estimated average burden hours per

**OMB APPROVAL** 

response...

if no longer subject to Section 16. Form 4 or Form 5

obligations

**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 may continue.

See Instruction 1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person ** LAWRENCE DAVID			2. Issuer Name <b>and</b> Ticker or Trading Symbol	5. Relationship of Reporting Person(s) to Issuer  (Check all applicable)				
			ACORDA THERAPEUTICS INC [ACOR]					
(Last)	(First)	(Middle)	3. Date of Earliest Transaction	Director 10% Owner				
15 SKYLINE DRIVE (Street)			(Month/Day/Year)	_X_ Officer (give title Other (specify below)				
			09/26/2007					
			4. If Amendment, Date Original					
			Filed(Month/Day/Year)	Applicable Line)				
				_X_ Form filed by One Reporting Person				
HAWTHOD	NIC NIV 10	522		Form filed by More than One Reporting				

Person

#### HAWTHORNE, NY 10532

	(City)	(State) (Z	Zip) Table	I - Non-Do	erivative S	Securi	ities Acqu	ired, Disposed of	, or Beneficiall	y Owned
Sec	itle of urity str. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transactic Code (Instr. 8)	4. Securities Acquired on(A) or Disposed of (D) (Instr. 3, 4 and 5)		5. Amount of Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
D	1			Code V	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)	(211311)	
	stricted ock	09/26/2007(1)		S	200	D	\$ 19.05	11,845	D	
Re Sto	stricted ock	09/26/2007(1)		S	200	D	\$ 19	11,645	D	
	stricted ock	09/26/2007(1)		S	200	D	\$ 18.85	11,445	D	
Re Sto	stricted ock	09/26/2007(1)		S	408	D	\$ 18.81	11,037	D	
Re Sto	stricted ock	09/26/2007(1)		S	200	D	\$ 18.76	10,837	D	

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Restricted Stock	09/26/2007(1)	S	100	D	\$ 18.71 10,737	D
Restricted Stock	09/26/2007 <u>(1)</u>	S	100	D	\$ 18.7 10,637	D
Restricted Stock	09/26/2007 <u>(1)</u>	S	200	D	\$ 18.62 10,437	D
Restricted Stock	09/26/2007(1)	S	200	D	\$ 18.6 10,237	D
Restricted Stock	09/26/2007(1)	S	200	D	\$ 10,037	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.

SEC 1474 (9-02)

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 Exer	cisable and	7. Title	and	8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)		Transaction		Expiration D		Amoun		Derivative	Deriv
Security	or Exercise	•	any	Code	of	(Month/Day/	Year)	Underly	ying	Security	Secu
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivativ	e		Securit	ies	(Instr. 5)	Bene
	Derivative				Securities	}		(Instr. 3	3 and 4)		Own
	Security				Acquired						Follo
	•				(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
					(Instr. 3,						(
					4, and 5)						
					, ,						
								1	Amount		
						Date	Expiration	(	or		
							*	Title 1	Number		
						Exercisable	Date	(	of		
				Code V	(A) (D)			5	Shares		

# **Reporting Owners**

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

LAWRENCE DAVID 15 SKYLINE DRIVE HAWTHORNE, NY 10532

Chief Financial Officer

## **Signatures**

/s/ David Lawrence 09/27/2007

Reporting Owners 2

\*\*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) Sale pursuant to a 10b5-1 plan.

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.

Signatures 3