ACORDA THERAPEUTICS INC

Form 4

Common

Stock

December 03, 2015

December (55, 2015										
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION									OMB APPROVAL		
Washington, D.C. 20549								OMB Number:	3235-0287		
subject to				ANGES IN BENEFICIAL OWN				NERSHIP OF	Expires: Estimated	0	
Section 16. Form 4 or Form 5 Filed pursuant to Section 16(a) of the Securities Exchange					Exchange	e Act of 1934.	burden hours per response 0				
obligati may con See Inst 1(b).	ons ntinue. Section 17	(a) of the l	Public U	Utility Ho		mpar	ny Act of	1935 or Section	l		
(Print or Type	Responses)										
1. Name and Address of Reporting Person * COHEN RON			2. Issuer Name and Ticker or Trading Symbol ACORDA THERAPEUTICS INC [ACOR]					5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
				Amendment, Date Original (Month/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line) X Form filed by One Reporting Person			
ARDSLEY	Y, NY 10502							Form filed by Mo Person			
(City)	(State)	(Zip)	Tal	ble I - Non	-Derivative	e Secu	rities Acq	uired, Disposed of,	or Beneficia	lly Owned	
1.Title of Security (Instr. 3)	2. Transaction Date 2A. Deeme (Month/Day/Year) Execution any (Month/Day/Day/Year)		Date, if	3. Transaction Code (Instr. 8)	4. Securities Acquired (A) oner Disposed of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported	Ownership Form: Direct (D)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Code V	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)	(Instr. 4)		
Common Stock	12/01/2015			S	11,850 (1)	D	\$ 38.0781	400,550	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)

100,000

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Beneficial

Ownership

in Trust (3)

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Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of	f 2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exer	cisable and	7. Titl	le and	8. Price of	9. Nu
Derivativ	e Conversion	(Month/Day/Year)	Execution Date, if	Transacti	orNumber	Expiration D	ate	Amou	ınt of	Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day/	/Year)	Under	rlying	Security	Secui
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivativ	e		Secur	ities	(Instr. 5)	Bene
	Derivative				Securities	S		(Instr.	. 3 and 4)		Own
	Security				Acquired						Follo
					(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
					(Instr. 3,						
					4, and 5)						
									A		
									Amount		
						Date	Expiration	T:41-	or Namel		
						Exercisable Date	Date	te Title	Number		
				C-1- V	(A) (D)				of		
				Code v	(A) (D)				Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships							
	Director	10% Owner	Officer	Other				
COLIENT DOM								

COHEN RON

President and CEO 420 SAW MILL RIVER ROAD X

ARDSLEY, NY 10502

Signatures

/s/ Ron Cohen 12/03/2015 **Signature of Date 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).
- Sales pursuant to a 10b5-1 plan. These sales are primarily intended to cover the tax liability resulting from restricted stock vesting.
- The price reported represents the weighted average sales price of shares sold in multiple transactions at prices ranging from \$37.76 to (2) \$38.37 per share. The reporting person will provide to the issuer, any security holder of the issuer or the SEC staff, upon request, information regarding the number of shares sold at each price within the range.
- On May 28, 2015, the reporting person contributed these shares to a grantor retained annuity trust established by the reporting person. The reporting person is the sole trustee of the grantor retained annuity trust.

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.

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