#### ACORDA THERAPEUTICS INC

Form 4 April 21, 2016

## FORM 4

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

**SECURITIES** 

**OMB** Number:

3235-0287

Expires:

January 31, 2005

0.5

Estimated average

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**OMB APPROVAL** 

response...

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

Check this box

obligations may continue. See Instruction

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

1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person \* 5. Relationship of Reporting Person(s) to 2. Issuer Name and Ticker or Trading Randall Lorin Issuer Symbol ACORDA THERAPEUTICS INC (Check all applicable) [ACOR] X\_ Director (Last) (First) (Middle) 3. Date of Earliest Transaction 10% Owner Other (specify Officer (give title (Month/Day/Year) below) 420 SAW MILL RIVER ROAD 04/19/2016 (Street) 4. If Amendment, Date Original 6. Individual or Joint/Group Filing(Check Filed(Month/Day/Year) Applicable Line) \_X\_ Form filed by One Reporting Person Form filed by More than One Reporting

ARDSLEY, NY 10502

(State)

(Zip)

(City)

		1401		011,001,0	20001	10100 1104	un cu, Disposeu o	-, or <i>Demonition</i>	.,
1.Title of	2. Transaction Date	2A. Deemed	3.	4. Securi	ities A	cquired	5. Amount of	6. Ownership	7. Nature of
Security	(Month/Day/Year)	Execution Date, if	Transaction(A) or Disposed of (D)			Securities	Form: Direct	Indirect	
(Instr. 3)		any	Code	(Instr. 3, 4 and 5)		Beneficially	(D) or	Beneficial	
		(Month/Day/Year)	(Instr. 8)				Owned	Indirect (I)	Ownership
							Following	(Instr. 4)	(Instr. 4)
					(4)		Reported		
					(A)		Transaction(s)		
			$\alpha$ 1 $\alpha$	A	or	ъ.	(Instr. 3 and 4)		
~			Code V	Amount	(D)	Price			
Common	04/19/2016		M	1,488	A	\$	1,488	D	
Stock	04/1//2010		171	(1)	А	18.65	1,700	D	
Common	04/19/2016		S	1,488	D	\$	0	D	
Stock	04/19/2010		S	(1)	ט	28.68	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 SEC 1474 information contained in this form are not (9-02)required to respond unless the form displays a currently valid OMB control number.

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

### Edgar Filing: ACORDA THERAPEUTICS INC - Form 4

# 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		4.	5. Number	6. Date Exer		7. Title and A	
Derivative Security	Conversion	(Month/Day/Year)	Execution Date, if	Transacti	onof Derivative	Expiration Date		Underlying Securiti	
(Instr. 3)	or Exercise Price of Derivative Security		any (Month/Day/Year)	Code (Instr. 8)	Securities Acquired (A) or Disposed of (D) (Instr. 3, 4,	(Month/Day/Year) (I		(Instr. 3 and 4)	
				Code V	and 5) (A) (D)	Date Exercisable	Expiration Date	Title	Amou or Numb of Share
Non-Employee	¢ 19 65	04/10/2016		М	1,488	(2)	12/01/2016	Common	1,48

M

(1)

12/01/2016

Stock

## **Reporting Owners**

\$ 18.65

Reporting Owner Name / Address	Relationships						
1 8	Director	10% Owner	Officer	Other			
Randall Lorin 420 SAW MILL RIVER ROAD ARDSLEY, NY 10502	X						

04/19/2016

## **Signatures**

**Stock Option** 

/s/ Lorin J.
Randall

\*\*Signature of Reporting Person

O4/21/2016

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) Exercise and sales pursuant to a 10b5-1 plan. The exercised options were scheduled to expire in 2016 on the expiration date reported within Table II unless exercised.
- (2) The shares subject to these options vested in installments and were fully vested on December 1, 2007.

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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