| INSMED Inc<br>Form 5<br>February 11,  |   |  |   |   |         |   |  |  |   |  |  |  |
|---|---|--|---|---|---------|---|--|--|---|--|--|--|
| FORM  |   |  |   |   |         |   |  | OMB A  | PPROVAL   |  |  |  |
| Check this  | UNITED S                                | UNITED STATES SECURITIES AND EXCHANGE COMM<br>Washington, D.C. 20549       |   |   |         |   | OMMISSION  | OMB<br>Number:<br>Expires:   | 3235-0362<br>January 31,  |  |  |  |
| no longer subject<br>to Section 16.<br>Form 4 or Form<br>5 obligations<br>may continue.<br>See Instruction<br>1(b).ANNUAL STATEMENT OF CHANGES IN BENEFICIAL<br>OWNERSHIP OF SECURITIESExpires:<br>Estimated a<br>burden hour<br>responseSee Instruction<br>1(b).Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,<br>Form 3 Holdings Section 17(a) of the Public Utility Holding Company Act of 1935 or Section<br>30(h) of the Investment Company Act of 1940Expires:<br>Estimated a<br>burden hour<br>response |   |  |   |   |         |   | irs per  |  |   |  |  |  |
| Reported<br>1. Name and A<br>SHAROKY  | Symbol                                  | 2. Issuer Name <b>and</b> Ticker or Trading<br>Symbol<br>INSMED Inc [INSM] |   |   |         | 5. Relationship of Reporting Person(s) to<br>Issuer<br>(Check all applicable) |  |  |   |  |  |  |
| (Last)  | (First) (M                              | (Month/I   | 3. Statement for Issuer's Fiscal Year Ended<br>(Month/Day/Year)<br>12/31/2015 |   |         |   | Officer (give title Other (specify   |  |   |  |  |  |
| 10 FINDERNE AVENUE  |   |  |   |   |         | 1   | below) below)  |  |   |  |  |  |
|   |   | 4. If Amendment, Date Original Filed(Month/Day/Year)                       |   |   |         | 6. Individual or Joint/Group Reporting<br>(check applicable line)             |  |  |   |  |  |  |
| BRIDGEWA  | ATER, NJ 088                            | 07   |   |   |         |   | _X_ Form Filed by<br>Form Filed by I<br>Person   | One Reporting P<br>More than One R                                   |   |  |  |  |
| (City)  | (State) (                               | Zip) Tab   | le I - Non-Deri   | ivative Sec   | urities | s Acqu  | ired, Disposed of  | f, or Beneficial   | lly Owned   |  |  |  |
| 1.Title of<br>Security<br>(Instr. 3)  | 2. Transaction Date<br>(Month/Day/Year) | 2A. Deemed<br>Execution Date, if<br>any<br>(Month/Day/Year)                | 3.<br>Transaction<br>Code<br>(Instr. 8)                                       | 4. Securities<br>Acquired (A) or<br>Disposed of (D)<br>(Instr. 3, 4 and 5)<br>(A)<br>or<br>Amount (D) Price |         | )   | 5. Amount of<br>Securities<br>Beneficially<br>Owned at end<br>of Issuer's<br>Fiscal Year<br>(Instr. 3 and 4) | 6. Ownership<br>Form: Direct<br>(D) or<br>Indirect (I)<br>(Instr. 4) | 7. Nature of<br>Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |  |  |  |
| Common<br>Stock   | 12/22/2015                              | Â  | G   | 6,280   | D       | \$0   | 255,939  | D  | Â   |  |  |  |

 Stock
 12/22/2015
 Â
 G
 6,280
 D
 \$ 0
 255,939
 D
 A

 Common
 12/30/2015
 Â
 G
 5,434
 D
 \$ 0
 250,505
 D
 Â

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 2270 (9-02)

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

## Edgar Filing: INSMED Inc - Form 5

| 1. Title of<br>Derivative<br>Security<br>(Instr. 3) | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security | 3. Transaction Date<br>(Month/Day/Year) | 4.<br>Transaction<br>Code<br>(Instr. 8) | 5.<br>Number<br>of<br>Derivative<br>Securities<br>Acquired<br>(A) or<br>Disposed<br>of (D)<br>(Instr. 3,<br>4, and 5) |                     | ate                | Secur | unt of<br>rlying                       | 8. Price of<br>Derivative<br>Security<br>(Instr. 5) | 9.<br>O<br>B<br>O<br>Eı<br>Is<br>Fi<br>(I |
|---|---|---|---|---|---------------------|--------------------|-------|--|---|---|
|   |   |   |   | (A) (D)   | Date<br>Exercisable | Expiration<br>Date | Title | Amount<br>or<br>Number<br>of<br>Shares |   |   |

## **Reporting Owners**

| Reporting Owner Name / Address                                   | Relationships |                    |   |       |  |  |  |
|--|---------------|--------------------|---|-------|--|--|--|
|  | Director      | Director 10% Owner |   | Other |  |  |  |
| SHAROKY MELVIN MD<br>10 FINDERNE AVENUE<br>BRIDGEWATER, NJ 08807 | ÂX            | Â                  | Â | Â     |  |  |  |
| Signatures   |               |                    |   |       |  |  |  |
| Melvin Sharoky, by Christine Pel<br>Attorney-in-fact             |               | 02/11/2016         |   |       |  |  |  |
| <u>**</u> Signature of Reporting                                 |               | 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).

Note: File three copies of this Form, one of which must be manually signed. If space provided 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.