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Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction	D STATES MENT O Ursuant to S 7(a) of the 1	Wa F CHAN Section I Public U	ISHINGTON NGES IN SECUI 16(a) of th Jtility Hol	, D.C. 20 BENEF RITIES ne Securit ding Con	549 ICIAL OV	COMMISSIO WNERSHIP Of nge Act of 1934 of 1935 or Sect 940	 	OMB A OMB Number: Expires: Estimated burden hou response	urs per	-0287
1(b).										
(Print or Type Responses)										
1. Name and Address of Reportin Sherman Matthew L	2. Issuer Name and Ticker or Trading Symbol ACCELERON PHARMA INC [XLRN]				5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
(Month/D			. Date of Earliest Transaction Month/Day/Year) 1/08/2015			Director 10% Owner X_ Officer (give title Other (specify below) below) SVP & Chief Medical Officer				
(Street) CAMBRIDGE, MA 02139	4. If Amendment, Date Original Filed(Month/Day/Year)			6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person						
(City) (State)	(Zip)	Tak	la I Nan I	Doministino	Committing A	cquired, Disposed	lofo	n Donoficio	lly Orma	J
1.Title of Security (Instr. 3)2. Transaction Dat (Month/Day/Year)		ed Date, if	3. Transactio Code (Instr. 8)	4. Securiti nAcquired Disposed (Instr. 3, 4	es (A) or of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. C Forr (D) (I)	Dwnership m: Direct or Indirect tr. 4)	7. Nature Indirect	e of al iip
Reminder: Report on a separate li	ne for each cl	ass of sec	urities bene	-	-	-				
				inform requir	ation cont ed to respo ys a curre	spond to the coll tained in this form ond unless the fo ntly valid OMB co	m are orm	e not	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. Number of	6. Date Exercisable and	7. Title and Amount of
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transacti	orDerivative	Expiration Date	Underlying Securities
Security	or Exercise		any	Code	Securities	(Month/Day/Year)	(Instr. 3 and 4)

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(Instr. 3)	Price of Derivative Security		(Month/Day/Year)	(Instr.		Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)					
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Option to Purchase Common Stock	\$ 41.2	01/08/2015		А		41,000		<u>(1)</u>	01/08/2025	Common stock	41,000

Reporting Owners

Reporting Owner Name / Address	Relationships							
	Director	10% Owner	Officer	Other				
Sherman Matthew L 128 SIDNEY STREET CAMBRIDGE, MA 02139			SVP & Chief Medical Officer					
Signatures								

/s/ John D. Quisel, as attorney-in-fact for Matthew L. 01/09/2015 Sherman **Signature of 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). **
- The shares of common stock underlying this stock option award vest in equal quarterly installments over the first four years after the (1)grant.

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.

Date