AMAG PHARMACEUTICALS INC.

Form 3

August 25, 2015

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

OMB APPROVAL

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INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF **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 30(h) of the Investment Company Act of 1940

(Print or Type Responses)

1. Name and Address of Reporting

Person *

Vittiglio Joseph

(Last)

(First)

(Middle)

2. Date of Event Requiring 3. Issuer Name and Ticker or Trading Symbol

Statement

(Month/Day/Year)

08/24/2015

4. Relationship of Reporting

Person(s) to Issuer

5. If Amendment, Date Original

Filed(Month/Day/Year)

C/O AMAG

PHARMACEUTICALS,

INC., 1100 WINTER STREET

(Street)

(Check all applicable)

Director _X__ Officer (give title below) (specify below)

SVP, General Counsel

10% Owner Other

AMAG PHARMACEUTICALS INC. [AMAG]

6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting

Person

Form filed by More than One

Reporting Person

WALTHAM, MAÂ 02451

(City) (State)

1. Title of Security (Instr. 4)

(Zip)

Table I - Non-Derivative Securities Beneficially Owned 2. Amount of Securities 3.

Beneficially Owned

(Instr. 4)

0

Ownership

4. Nature of Indirect Beneficial

Ownership (Instr. 5)

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Form: Direct (D) or Indirect (I)

D

(Instr. 5)

No securities are beneficially owned.

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

SEC 1473 (7-02)

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

(Instr. 4)

1. Title of Derivative Security (Instr. 4)

Expiration Date (Month/Day/Year)

2. Date Exercisable and 3. Title and Amount of Securities Underlying Derivative Security

4. Conversion or Exercise

5. Ownership Form of (Instr. 5)

6. Nature of Indirect Beneficial Ownership

Price of Derivative Derivative Security:

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Date Expiration Title Amou Exercisable Date Numb

Amount or Security
Number of
Shares

Direct (D) or Indirect (I) (Instr. 5)

Reporting Owners

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

Vittiglio Joseph

C/O AMAG PHARMACEUTICALS, INC. 1100 WINTER STREET

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SVP, General Counsel Â

Signatures

Nancy R. Smith, attorney-in-fact 08/25/2015

**Signature of Reporting Person

WALTHAM, MAÂ 02451

Date

Explanation of Responses:

- * If the form is filed by more than one reporting person, see Instruction 5(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 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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