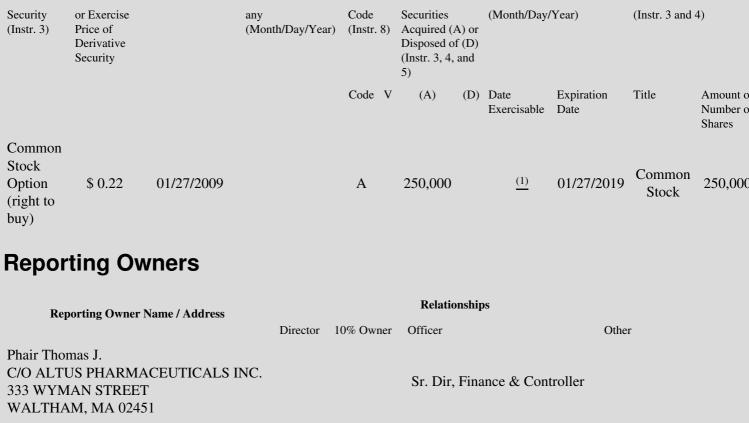
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Form 4											
January 29, 200	19										
FORM 4	4	~ ~ ~ ~ ~ ~ ~	~~~~			~~~		-	PPROVA	L	
UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549									3235-0	0287	
Check this be if no longer subject to Section 16. Form 4 or Form 5	STATEM									Expires: January 31, 2005 Estimated average burden hours per response 0.5	
obligations may continue <i>See</i> Instructio 1(b).	e. Section 17(a) of the l	Public U		ding Cor	npany Ac	t of 1935 or Section	on			
(Print or Type Resp	ponses)										
1. Name and Address of Reporting Person <u>*</u> Phair Thomas J.			2. Issuer Name and Ticker or Trading Symbol Altus Pharmaceuticals Inc. [ALTU]				5. Relationship of Reporting Person(s) to Issuer				
(Last)	(First) (1	Middle)				с. [лшт с) (Che	eck all applicabl	e)		
(Last) (First) (Middle) C/O ALTUS PHARMACEUTICALS INC., 333 WYMAN STREET			3. Date of Earliest Transaction (Month/Day/Year) 01/27/2009				Director 10% Owner X_ Officer (give title Other (specify below) below) Sr. Dir, Finance & Controller				
(Street)			4. If Amendment, Date Original			6. Individual or Joint/Group Filing(Check					
WALTHAM, N	Filed(Month/Day/Year)				Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person						
(City)	(State)	(Zip)	Tal	ole I - Non-l	Derivative	Securities	Acquired, Disposed o	of, or Beneficia	lly Owned	I	
	Fransaction Date onth/Day/Year)	Execution any	Date, if	3. Transactio Code (Instr. 8) Code V	Disposed (Instr. 3, 4	(A) or of (D)	Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature Indirect Beneficia Ownershi (Instr. 4)	1	
				Coue v	Amount	(D) Flice	2				
Reminder: Report o	on a separate line	for each cl	ass of sec	eurities bene:	Perso inform requir	ns who re nation cor red to resp ivs a curre	or indirectly. espond to the colle ntained in this form ond unless the for ently valid OMB co	n are not rm	SEC 1474 (9-02)		
	Tab			curities Acq ls, warrants			r Beneficially Owned securities)	I			

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	Transact	ionDerivative	Expiration Date	Underlying Securities

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Signatures

/s/ Kevin 01/29/2009 Brennan 01/29/2009

<u>**</u>Signature of Reporting Person 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) All of such options have a term of ten years vesting over four years, with 1/16th of the options vesting every three months. All of such options become exercisable as they vest.

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.