Edgar Filing: Krop Julie - Form 4

Krop Julie Form 4											
February 26, FORM Check thi if no long subject to Section 14	4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF								OMB Number: Expires: Estimated a		
Section 16.SECURTTESburden hours per responseForm 4 orForm 5Filed 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 194030(h) of the Investment Company Act of 1940									's per 0.5		
(Print or Type Responses) 1. Name and Address of Reporting Person <u>*</u> Krop Julie			2. Issuer Name and Ticker or Trading Symbol				ng	5. Relationship of Reporting Person(s) to Issuer			
			AMAG PHARMACEUTICALS INC. [AMAG]					(Check all applicable)			
(Mont				ate of Earliest Transaction nth/Day/Year) 23/2019				Director 10% Owner X Officer (give title Other (specify below) Chief Medical Officer			
				endment, Date Original nth/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 			
(City)	(State)	(Zip)	Tabl	e I - Non-D	erivative	Secur	rities Aca	Person uired, Disposed of	. or Beneficial	lv Owned	
1.Title of Security (Instr. 3)	2. Transaction Da (Month/Day/Year	 Execution any 	ned	3.	4. Securi m(A) or Di (Instr. 3,	ties A spose 4 and (A) or	cquired d of (D)	5. Amount of	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of	
Common Stock	02/23/2019			F	869 <u>(1)</u>		\$ 15.51	48,606	D		

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.

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

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

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1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	4. Transacti Code (Instr. 8)	5. ionNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	;	Date	Secur	ınt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr
			Code V	7 (A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address		Relationships							
	Director	10% Owner	Officer	Other					
Krop Julie C/O AMAG PHARMACEUTICALS, II 1100 WINTER STREET WALTHAM, MA 02451	NC.		Chief Medical Officer						
Signatures									
/s/ Nancy R. Smith, attorney-in-fact	02/26/2019								
**Signature of Reporting Person	Date								
Explanation of Poopor	0001								

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) Represents shares withheld to satisfy the reporting person's tax obligations in connection with the vesting of 2,500 restricted stock units on February 23, 2019.

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.