

ACORDA THERAPEUTICS INC
 Form 3
 July 02, 2015

FORM 3 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 *		2. Date of Event Requiring Statement	3. Issuer Name and Ticker or Trading Symbol	
Â Batycky Richard P.		(Month/Day/Year)	ACORDA THERAPEUTICS INC [ACOR]	
(Last)	(First)	(Middle)	4. Relationship of Reporting Person(s) to Issuer	5. If Amendment, Date Original Filed(Month/Day/Year)
420 SAW MILL RIVER ROAD			(Check all applicable)	
(Street)			<input type="checkbox"/> Director	<input type="checkbox"/> 10% Owner
ARDSLEY, NY 10502			<input checked="" type="checkbox"/> Officer	<input type="checkbox"/> Other
(City)	(State)	(Zip)	(give title below)	(specify below)
			Chief Tech. Off. & Site Head	6. Individual or Joint/Group Filing(Check Applicable Line)
				<input checked="" type="checkbox"/> Form filed by One Reporting Person
				<input type="checkbox"/> Form filed by More than One Reporting Person

Table I - Non-Derivative Securities Beneficially Owned

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
Common Stock	47,979 ⁽¹⁾	D	Â

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)

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)	3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)	4. Conversion or Exercise Price of Derivative Security	5. Ownership Form of Derivative Security: Direct (D) or Indirect	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date	Title	Amount or Number of	

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				Shares		(I) (Instr. 5)	
Employee Stock Option (right to buy)	Â (2)	10/22/2024	Common Stock	26,750	\$ 32.27	D	Â
Employee Stock Option (right to buy)	Â (2)	10/29/2024	Common Stock	73,250	\$ 35.88	D	Â
Employee Stock Option (right to buy)	Â (3)	03/04/2025	Common Stock	5,546	\$ 35.74	D	Â

Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
Batycky Richard P. 420 SAW MILL RIVER ROAD ARDSLEY, NY 10502	Â	Â	Â Chief Tech. Off. & Site Head	Â

Signatures

/s/ Richard P.
Batycky

07/02/2015

**Signature of
Reporting Person

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).

- Restricted stock issued under the Company's 2006 Employee Incentive Plan. 25,000 of these shares will vest 25% every year for four years with vest dates of October 22, 2015, October 22, 2016, October 22, 2017, and October 22, 2018. 22,000 of these shares will vest
- (1) over three years, with 20% vesting on November 7, 2015, 30% vesting on November 7, 2016, and the remaining 50% vesting on November 7, 2017. 979 of these shares will vest 25% every year for four years with vest dates of December 1, 2015, December 1, 2016, December 1, 2017, and December 1, 2018.
 - (2) Twenty-five percent of the shares subject to this option will vest on October 22, 2015. The balance of the shares subject to this option will vest in equal quarterly installments over the three years thereafter.
 - (3) The shares subject to this option vest in equal quarterly installments over four years beginning on January 1, 2015 with the first quarterly installment vesting on April 1, 2015.

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.