ALNYLAM PHARMACEUTICALS, INC.

Form 4

August 15, 2008

FORM 4

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

OMB Number:

3235-0287

Expires:

January 31, 2005

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response...

if no longer subject to Section 16. Form 4 or Form 5

obligations

may continue.

See Instruction

Check this box

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

1(b).

(Last)

(Print or Type Responses)

I. Name and Address of Reporting Person _ MARAGANORE JOHN	2. Issuer Name and Ticker or Trading Symbol	5. Relationship of Reporting Person(s) to Issuer		
	ALNYLAM PHARMACEUTICALS, INC.	(Check all applicable)		
	[ALNY]	X Director 10% Owner		

[ALNY] X_ Director X_ Officer (give title

Other (specify 3. Date of Earliest Transaction below) below) (Month/Day/Year) **CEO**

300 THIRD STREET 08/13/2008

(Middle)

(First)

(Street) 4. If Amendment, Date Original 6. Individual or Joint/Group Filing(Check

Filed(Month/Day/Year) Applicable Line)

X Form filed by One Reporting Person Form filed by More than One Reporting

Person

CAMBRIDGE, MA 02142

(City)	(State)	(Zip) Tah	ole I - Non-	Derivative S	Secur	ities Acquir	ed, Disposed of,	or Beneficial	ly Owned
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transactic Code (Instr. 8)	4. Securition Dispose (Instr. 3, 4	ed of ((D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
Common Stock	08/13/2008		M(1)		A	\$ 0.475	37,500	D	
Common Stock	08/13/2008		S(2)	37,500	D	\$ 33.9468	0	D	
Common Stock	08/14/2008		M(1)	37,500	A	\$ 0.475	37,500	D	
Common Stock	08/14/2008		S(2)	37,500	D	\$ 34.227	0	D	
Common Stock							845	I	by Managed

Account (3)

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.

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 Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transaction Code (Instr. 8)	5. Number of 6. Date Ex Expiration (Month/Date Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		te	7. Title and A Underlying S (Instr. 3 and	Securities
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Incentive Stock Option (right to buy)	\$ 0.475	08/13/2008		M(1)	37,500	12/09/2003	02/26/2013	Common Stock	37,500
Incentive Stock Option (right to buy)	\$ 0.475	08/14/2008		M(1)	37,500	12/09/2003	02/26/2013	Common Stock	37,500

Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
MARAGANORE JOHN	3 7		CEO				
300 THIRD STREET CAMBRIDGE, MA 02142	X		CEO				
,							

Signatures

By: /s/ Patricia L. Allen, Attorney-in-Fact For: John M. Maraganore

**Signature of Reporting Person Date

Reporting Owners 2

08/15/2008

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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) This exercise is pursuant to a 10b5-1 plan put in place by the reporting person.
- (2) The sales reported on this Form 4 were made pursuant to a Rule 10b5-1 trading plan adopted by the reporting person on June 23, 2008.
- (3) The reporting person owns 845 shares of ALNY common stock under the ALNY 401(k) plan as a result of the ALNY 401(k) matching contribution program.

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.