Edgar Filing: SHAROKY MELVIN MD - Form 4

SHAROKY N	MELVIN MD											
Form 4												
May 22, 2009)											
FORM 4 LINITED STATES SECURITIES AND EXCHANCE COMMISSION									OMB A	OMB APPROVAL		
	UNITEL) STATES			ND EXC D.C. 205		IGE C	COMMISSION	OMB Number:	3235-0287		
Check this							Expires: J	January 31,				
if no longe subject to Section 16	SIAIE	MENT O	OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES						Estimated average burden hours per			
Form 4 or						_			response 0.5			
Form 5 obligation	^						•	e Act of 1934,				
may contin				•				1935 or Section	n			
See Instruct 1(b).	ction	30(h)	of the Inv	estment	Company	Act	of 194	Ю				
-(-).												
(Print or Type Ro	esponses)											
1. Name and Address of Reporting Person <u>*</u> SHAROKY MELVIN MD			2. Issuer Name and Ticker or Trading Symbol				5. Relationship of Reporting Person(s) to Issuer					
		INSMED INC [INSM]					(Check all applicable)					
(Last)	(First)	(Middle)	3. Date of	Earliest Tra	ansaction			(Chee	k an applicable	·)		
			(Month/Day/Year)				XDirector10% Owner					
C/O INSMED			05/20/2009				Officer (give title Other (specify below) below)					
	ATED, 8720 S' 'Y, SUITE 200								0010 (())			
TOINTTKW		,										
(Street)			4. If Amendment, Date Original				6. Individual or Joint/Group Filing(CheckApplicable Line)_X_ Form filed by One Reporting Person					
			Filed(Month/Day/Year)									
RICHMONE), VA 23235							Form filed by M Person				
(City)	(State)	(Zip)	Table	I - Non-D	erivative So	ecuriti	ies Acq	uired, Disposed of	, or Beneficial	ly Owned		
1.Title of	2. Transaction D			3.				5. Amount of	6. Ownership			
Security	(Month/Day/Yea		ation Date, if Transaction(A) or Disposed of				Securities	Form: Direct (D) or				
(Instr. 3)		any (Month	Code (D) h/Day/Year) (Instr. 8) (Instr. 3, 4 and 5)			Beneficially Owned	Beneficial Ownership					
		(Following	Indirect (I) (Instr. 4)	(Instr. 4)			
						(A)		Reported				
						or		Transaction(s) (Instr. 3 and 4)				
Destricted				Code V	Amount	(D)	Price	(insure und f)				
Restricted Stock (1)	05/20/2009			А	14,620	А	\$0	527,290	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)

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. Transactio Code (Instr. 8)	5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	7. Titl Amou Under Securi (Instr.	nt of lying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owno Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Edgar Filing: SHAROKY MELVIN MD - Form 4

Reporting Owners

Reporting Owner Name / Address		Relationships						
	Director	10% Owner	Officer	Other				
SHAROKY MELVIN MD C/O INSMED INCORPORATED 8720 STONY POINT PKWY, SUITE 2 RICHMOND, VA 23235	200 X							
Signatures								
Kevin P. Tully, As Attorney-in-Fact	05/22/2009)						
**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) This Restricted Stock will vest one year from the date of grant.

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.