## Edgar Filing: FORMELA JEAN FRANCOIS - Form 4

FORMELA JEAN Form 4 February 09, 2010		IS										
FORM 4									OMB A	PPROVAL	L	
-	UNITED	STATES		RITIES A shington			GE COMMI	SSION	OMB Number:	3235-0	)287	
Check this box if no longer				_					Expires:	January	/ 31, 2005	
subject to Section 16. Form 4 or	STATEMENT OF CHANGES IN BENEFICIAL OWNERSI SECURITIES							IP OF	Estimated burden hou response	average urs per		
Form 5 obligations may continue.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).Iteration 1000000000000000000000000000000000000												
(Print or Type Respon	ses)											
1. Name and Address FORMELA JEAN	2. Issuer Name <b>and</b> Ticker or Trading Symbol				5. Relation Issuer	5. Relationship of Reporting Person(s) to Issuer						
			ARCA	biopharm	na, Inc. [/	ABIO]		(Check all applicable)				
(Last) (I	First) (1	Middle)		of Earliest T	ransaction		V D	N. D				
				(Month/Day/Year) 02/05/2010			XDin Off below)	ficer (give f	title $\underline{X}_{10}$ Oth below)	% Owner her (specify		
(Street) 4. If Amendment, Date Original Filed(Month/Day/Year) WALTHAM, MA 02451					<ul> <li>6. Individual or Joint/Group Filing(Check Applicable Line)</li> <li>_X_ Form filed by One Reporting Person</li> <li> Form filed by More than One Reporting</li> </ul>							
							Person					
(City) (S	State)	(Zip)	Tab	ole I - Non-I	Derivative	Securiti	es Acquired, Dis	sposed of	, or Beneficia	lly Owned		
	nsaction Date h/Day/Year)		Date, if	3. Transactio Code (Instr. 8)		(A) or of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction	Fe (I (I (I (s)	Ownership orm: Direct D) or Indirect ) nstr. 4)	7. Nature o Indirect Beneficial Ownershij (Instr. 4)	l	
				Code V	Amount	(D) Pr	ice (Instr. 3 and	14)				
Reminder: Report on	a separate line	e for each cl	ass of sec	urities benef	Perso	ns who	tly or indirectly. respond to the ontained in thi			SEC 1474 (9-02)		
					requii	red to re iys a cu	rrently valid O	the forn	n	(9-02)		
	Tabl						, or Beneficially ble securities)	Owned				

1. Title of	2.	3. Transaction Date	3A. Deemed	4. 5. Number	6. Date Exercisable and	7. Title and Amount of	8.
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transaction of Derivative	Expiration Date	Underlying Securities	De

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Security (Instr. 3)	or Exercise Price of Derivative Security		any (Month/Day/Year)	Code (Instr. 8)	Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		(Month/Day/Year)		(Instr. 3 and 4)		<b>S</b> (1
				Code V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Option to Purchase Common Stock	\$ 2.73	02/05/2010		А	3,500		(2)	02/05/2020	Common Stock	3,500	

## **Reporting Owners**

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
FORMELA JEAN FRANCOIS C/O ATLAS VENTURE FUND VII, I 890 WINTER STREET, SUITE 320 WALTHAM, MA 02451	L.P.	X	Х				
Signatures							
Kristin Laguerre, attorney in fact	02/09	/2010					

Date

## **Explanation of Responses:**

\*\*Signature of Reporting Person

\* 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).

This option was granted to Jean-Francois Formela, a director of the issuer. The proceeds of any sale of the issuer's common stock issued
 (1) to Dr. Formela upon the exercise of this option will be transferred to Atlas Venture Advisors, Inc. ("Atlas Advisors") and therefore Dr. Formela disclaims beneficial ownership of such shares which belong to Atlas Advisors.

(2) The options vest ratably on a monthly basis over a one year period; full acceleration upon change in control and termination of service.

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.

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