

### DICERNA PHARMACEUTICALS INC

# Reported by ROSSKAMP RALF

#### FORM 4

(Statement of Changes in Beneficial Ownership)

### Filed 06/16/17 for the Period Ending 06/15/17

Address 87 CAMBRIDGEPARK DRIVE

CAMBRIDGE, MA 02140

Telephone 617 621 8097

CIK 0001399529

Symbol DRNA

Fiscal Year 12/31





[] Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. *See* Instruction 1(b).

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

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### STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person *					2. Issuer Name and Ticker or Trading Symbol						ool	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
ROSSKAM	P RALF			Di	icer	na Pha	rmace	utica	ls I	nc [ DF	RNA]		Í			
				3.	3. Date of Earliest Transaction (MM/DD/YYYY)							Director			% Owner	
												XOfficer (give title below)Other (specify below)  Chief Medical Officer				
C/O DICERNA PHARMACEUTICALS.				ALS,	6/15/2017							Chief Medica	ii Omcer			
INC., 87 CA	MBRIDO	GEPARI	K DRIV	E .												
	(Stre	eet)		4.	If Ar	nendmei	nt, Date (	Origina	al Fil	ed (MM/D	D/YYYY)	6. Individual o	or Joint/G	roup Filing	(Check Appl	licable Line)
CAMBRIDO	GE, MA (	2140										_ X _ Form filed b	y One Repo	rting Person		
(City) (State) (Zip)												Form filed by More than One Reporting Person				
			Table I -	Non-Dei	rivat	ive Secu	rities Ac	equire	d, Di	sposed o	of, or Ber	neficially Owne	ed			
1. Title of Security (Instr. 3)  2. Trans. I			Trans. Date	Exect		3. Trans. Code (Instr. 8)		or Disposed of (D)		Amount of Securities Beneficially Owned ollowing Reported Transaction(s) sstr. 3 and 4)  6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)						
							Code	V	Amou	nt (Ď)	Price				4)	
	Tab	le II - Deri	vative Se	ecurities l	Bene	eficially	Owned (	e.g. ,	puts	, calls, w	arrants,	options, conve	rtible sec	urities)		
1. Title of Derivate Security (Instr. 3)	2. Conversion or Exercise Price of Derivative	3. Trans. Date	3A. Deeme Execution Date, if any	ed 4. Trans. Code (Instr. 8)	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		D		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		Derivative Security	9. Number of derivative Securities Beneficially Owned	Security:	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
	Security			Code	V	(A)	(D)	Date Exercis		Expiration Date	Title	Amount or Number of Shares		Following Reported Transaction(s) (Instr. 4)	Direct (D) or Indirect (I) (Instr. 4)	
Employee Stock Option (Right to Buy)	\$2.91	6/15/2017		A		250000		<u>(1</u>	<u>n</u>	6/15/2027	Common Stock	250000	\$0.00	250000	D	

#### **Explanation of Responses:**

(1) The option vests 25% on the first year anniversary of the vesting start date of June 15, 2017 and the remaining 75% vests in 36 substantially equal monthly installments thereafter, subject in each case to the reporting person's continued employment with the issuer through the applicable vesting date.

#### **Reporting Owners**

	Relationships						
Reporting Owner Name / Address	Director	10% Owner		Other			
ROSSKAMP RALF							
C/O DICERNA PHARMACEUTICALS, INC.			Chief Medical Officer				
87 CAMBRIDGEPARK DRIVE			Cinci Miculcui Officei				
CAMBRIDGE, MA 02140							

#### **Signatures**

/s/ John B. Green, attorney-in-fact	6/16/2017		
** Signature of Reporting Person	Date		

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- \* 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).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

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.