Edgar Filing: TOWSE MATTHEW W - Form 4

TOWSE MA	ATTHEW W										
Form 4											
July 17, 201	7										
FORM	ЛЛ								OMB AF	PPROVAL	
	UNITED	STATES		RITIES A shington,			NGE C	COMMISSION	OMB Number:	3235-0287	
Check th				U ,					Expires:	January 31,	
if no lon subject t	- NIATHN	MENT O	F CHAN	CHANGES IN BENEFICIAL OW				NERSHIP OF		2005	
Section				SECURITIES						ated average en hours per	
Form 4 of	or								response	0.5	
Form 5	Filed put	rsuant to S	Section 1	6(a) of the	e Securit	ies E	xchang	e Act of 1934,			
obligatic may con		(a) of the	Public U	tility Hold	ling Con	npany	Act of	1935 or Section	1		
See Instr		30(h)	of the In	vestment	Compan	y Act	t of 194	0			
1(b).											
	D \										
(Print or Type)	Responses)										
1. Name and A	Address of Reporting	Person *	2 Issue	· Nome and	Ticker or	Tradir	NG	5. Relationship of	Reporting Pers	son(s) to	
	ATTHEW W		2. Issuer Name and Ticker or Trading Symbol				Ig	Issuer			
	NxStage Medical, Inc. [NXTM]				n						
					.1	(Check all applicable)					
(Last)	(First) (Middle)		Earliest Tr	ansaction			Director	100	0	
350 MERRIMACK STREET			(Month/Day/Year) 07/15/2017					Director 10% Owner Officer (give title Other (specify			
JJU WILKK	INIACK STREE	L	0//13/2	017				below)	below)	<1 J	
								SVP and C	hief Financial (Office	
(Street)			4. If Amendment, Date Original					6. Individual or Joint/Group Filing(Check			
			Filed(Mor	nth/Day/Year)			Applicable Line)			
								X Form filed by C Form filed by M			
LAWREN	CE, MA 01843							Person		porting	
(City)	(State)	(Zip)	Tabl	e I - Non-D	erivative	Securi	ities Acq	uired, Disposed of	, or Beneficial	ly Owned	
1.Title of	2. Transaction Date	e 2A. Deer	ned	3.	4. Securi	ties Ac	quired	5. Amount of	6. Ownership	7. Nature of	
Security	(Month/Day/Year)	on Date, if Transaction(A) or Disposed of (D)					Securities	Form: Direct			
(Instr. 3)		Code (Instr. 3, 4 and 5)					Beneficially Owned	(D) or Indirect (I)	Beneficial		
		(Month/I	Day/Year)	(Instr. 8)				Following	Indirect (I) (Instr. 4)	Ownership (Instr. 4)	
								Reported	(Instr. 1)	(Insu: I)	
						(A) or		Transaction(s)			
				Code V	Amount	(D)	Price	(Instr. 3 and 4)			
Common	07/15/2017			F	916	D	\$	24,421	D		
Stock	0//15/2017			1	910	D	24.28	24,421	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	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exer	cisable and	7. Title	e and	8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transactio	onNumber	Expiration D	ate	Amour	nt of	Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Underl		Security	Secu
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Securit		(Instr. 5)	Bene
	Derivative				Securities			(Instr.	3 and 4)		Owne
	Security				Acquired						Follo
					(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
					(Instr. 3,						
					4, and 5)						
									Amount		
						Data	E		or		
						Date Exercisable	Expiration Data	Title	Number		
						Exercisable	Date		of		
				Code V	(A) (D)				Shares		
_											

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Reporting Owners

Reporting Owner Name / Address	Relationships						
i o	Director 10% Owner		Officer	Other			
TOWSE MATTHEW W 350 MERRIMACK STREET LAWRENCE, MA 01843			SVP and Chief Financial Office				
Signatures							
/s/ Aras Lapinskas, attorney-in- Towse	-fact for N	Aatthew	07/17/2017				
<u>**</u> Signature of Reporting	Person		Date				
Explanation of Re	snon	666.					

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).

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.