

# **ACORDA THERAPEUTICS INC**

# Reported by WASMAN JANE

## FORM 4

(Statement of Changes in Beneficial Ownership)

## Filed 12/02/09 for the Period Ending 12/01/09

Address 420 SAW MILL RIVER ROAD

ARDSLEY, NY 10502

Telephone 914-347-4300

CIK 0001008848

Symbol ACOR

SIC Code 2836 - Biological Products, Except Diagnostic Substances

Industry Biotechnology & Drugs

Sector Healthcare

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, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(f) of the Investment Company Act of 1940

1. Name and Address of Reporting Person *					2. Issuer Name and Ticker or Trading Symbol							g Syml		5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
Wasman Jan	e					ORDA OR ]	THI	ER	RAPE	UT	ICS	INC	Dire	ctor	_	10% O	wner
(Last)	(First) (Middle)				3. Date of Earliest Transaction (MM/DD/YYYY)							D/YYYY	below)	,			
15 SKYLINE DRIVE					12/1/2009								Exec VI	Exec VP, General Counsel & Sec			
(Street)					4. If Amendment, Date Original Filed (MM/DD/YYYY)									6. Individual or Joint/Group Filing (Check Applicable Line)			
HAWTHOR	NE, NY	1053	32										V F	C1. 11. O	D		
(City) (State) (Zip)														_ X _ Form filed by One Reporting Person Form filed by More than One Reporting Person			
		Tak	ole I - Non	-Deriv	vativ	e Secur	ities A	Ac	quired	, Di	spose	ed of,	or Beneficial	lly Owned	l		
1.Title of Security (Instr. 3)				2. Tran Date	I E I	Execution Date, if	3. Trans. Code (Instr. 8)		4. Securities A or Disposed o (Instr. 3, 4 and		of (D) d 5)					Ownership Form: Direct (D)	Beneficial Ownership
					ľ	any	Code	v	Amount	or (D)		rice				or Indirect (Instr. 4) (I) (Instr. 4)	(msu. 4)
Common Stock				12/1/2	- 1		s		5000	D	\$24.50	013 (2)		33664		D	
Tal	ole II - De	erivat	ive Securi	ties Be	enefi	cially O	wnec	d (	e.g. , p	uts,	, calls	s, war	rants, option	ıs, convert	ible secur	ities)	
1. Title of Derivate Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security		ate Execution Co	Trans. Code Instr. 8)	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)							rities Unvative Ser. 3 and 4	derlying ecurity 4)	y Security (Instr. 5)  Output  Security (Instr. 5)  Compared Following Reported Transcortions		Ownership of Indirect Form of Beneficia Derivative Ownersh	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code V	(A)	(D)	Date Exerc	cisa	ble Date	atior	Title	Amoun Shares	t or Number of		(s) (Instr. 4)	''	

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

- (1) Sale pursuant to a 10b5-1 plan. These sales are primarily intended to cover the tax liability resulting from restricted stock vesting.
- (2) The price reported represents the weighted average sales price of shares sold in multiple transactions at prices ranging from \$24.18 to \$24.86 per share. The reporting person will provide to the issuer, any security holder of the issuer or the SEC staff, upon request, information regarding the number of shares sold at each price within the range.

Reporting Owners

Kepor ung Owners									
Paparting Owner Name / Address	Relationships								
Reporting Owner Name / Address	Director	10% Owner	Officer	Other					
Wasman Jane									
15 SKYLINE DRIVE			Exec VP, General Counsel & Sec						
HAWTHORNE, NY 10532	1								

#### **Signatures**

/s/ Jane Wasman

12/2/2009

\*\* Signature of Reporting Person

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.