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MEDIMMUNE INC /DE Form 8-K July 22, 2004

SECURITIES AND EXCHANGE COMMISSION

WASHINGTON, D. C. 20549

FORM 8-K

CURRENT REPORT

PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934

Date of Report

July 22, 2004

MedImmune, Inc.

(Exact name of registrant as specified in its charter)

Delaware (State or other jurisdiction of incorporation or organization) 0-19131 (Commission File No.)

52-1555759 (I.R.S. Employer Identification No.)

One MedImmune Way, Gaithersburg, MD 20878 (Address of principal executive offices) (Zip Code)

Registrant s telephone number, including area code (301) 398-0000

Item 5. Other Events and Regulation FD Disclosure.

On July 22, 2004, MedImmune, Inc. (the Company) issued a press release announcing the Company s results for the three-month and nine-month periods ended June 30, 2004 and will conduct a previously announced, publicly available conference call to discuss those results. A copy of the Company s press release is attached to this Current Report on Form 8-K as Exhibit 99.1 and, other than the paragraph entitled Guidance for the Quarter Ending September 30, 2004, is incorporated by reference under this Item.

Item 7. Financial Statements and

Exhibit No. Description

99.1 Press Release, dated July 22, 2004, MedImmune Reports 2004 Second Quarter and Six-Month Results"

Item 12. Results of Operations and Financial Condition.

This press release is hereby furnished in its entirety pursuant to Item 12. This information is not deemed to be filed for the purposes of Section 18 of the Securities Exchange Act of 1934 and is not incorporated by reference into any registration statements filed under the Securities Act of 1933 or any report filed under the Securities Exchange Act of 1934, except as described above under the caption Item 5. Other Events and Regulation FD Disclosure.

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SIGNATURE

Pursuant to the requirements of the Securities Exchange Act of 1934, the registrant has duly caused this report to be signed on its behalf by the undersigned hereunto duly authorized.

MEDIMMUNE, INC.

BY: /s/ Lota S. Zoth

Lota S. Zoth

Senior Vice President and Chief Financial Officer and Acting Controller

Dated: July 22, 2004

ion(s)

(Instr. 3 and 4)6. Ownership Form: Direct (D) or Indirect (I)

(Instr. 4)7. Nature of Indirect Beneficial Ownership

(Instr. 4)CodeVAmount(A) or (D)Price Common Class A05/18/200905/18/2009A 7,000 (1) A \$ 7.7 21,536 I By trust

Common Class A 100,000 I By Stephens Investments Holdings LLC

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.

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9. Nu Deriv Secur Bene Own Follo Repo Trans (Instr

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. Transac Code (Instr. 8	5. tionNumbe of) Derivat Securiti Acquire (A) or Dispose of (D) (Instr. 3 4, and 5	(Month/Day ive es ed ed	Pate	7. Title Amou Under Securi (Instr.	nt of lying	8. Price of Derivative Security (Instr. 5)
				Code '	V (A) (Γ	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	

Reporting Owners

Relationships

Reporting Owner Name / Address

MEDIMMUNE, INC. 2

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Director 10% Owner Officer Other

STEPHENS WARREN A 111 CENTER STREET LITTLE ROCK, AR 72201

X

Signatures

Todd Ferguson, as attorney in fact for reporting person

06/04/2009

**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) Shares were granted pursuant to the Dillard's, Inc. 2005 Non-Employee Director Restricted Stock Plan.

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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