

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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* <u>Kaundinya Ganesh Venkataraman</u> (Last) (First) (Middle) <u>C/O MOMENTA PHARMACEUTICALS, INC.</u> <u>675 WEST KENDALL STREET</u> (Street) <u>CAMBRIDGE MA 02142</u> (City) (State) (Zip)	2. Issuer Name and Ticker or Trading Symbol <u>MOMENTA PHARMACEUTICALS INC</u> [<u>MNTA</u>]	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner <input checked="" type="checkbox"/> Officer (give title below) Other (specify below) <u>COO & CSO</u>
	3. Date of Earliest Transaction (Month/Day/Year) <u>02/12/2018</u>	
4. If Amendment, Date of Original Filed (Month/Day/Year) <u>02/14/2018</u>		

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)				4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
			Code	V	Amount	(A) or (D)	Price					

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. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				
Restricted Stock Units	(1)	02/12/2018		A		50,000 ⁽²⁾		(3)	(3)	Common Stock	50,000	\$0	50,000	D	
Stock Option (Right to Buy)	\$7.41	02/12/2018		M			10,103 ⁽⁴⁾	02/22/2012	02/22/2018	Common Stock	10,103	\$7.41	0	D	

Explanation of Responses:

- Each Restricted Stock Unit represents a contingent right to receive one share of MNTA common stock.
- The original Form 4 filed on February 14, 2018 is amended by this Form 4/A to correctly reflect the reporting person's acquisition of 50,000 restricted stock units as an acquisition in Column 5.
- Subject to certain criteria, the restricted stock units will vest with respect to 50% of the shares on the first anniversary of the grant date, and the remaining 50% will vest on the second anniversary of the grant date.
- The original Form 4 filed on February 14, 2018 is amended by this Form 4/A to correctly reflect the reporting person's exercise of 10,103 stock options as a disposition in Column 5.

/s/ Marie T. Washburn as 03/27/2018
attorney in fact

** 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 Number.