## Edgar Filing: CHAMBON PHILIPPE - Form 4

CHAMBO Form 4	N PHILIPPE										
August 05,	2010										
								OMB APPROVAL			
Check this box								OMB Number:	3235-0287		
if no lo	nger							Expires:	January 31, 2005		
STATEMENT OF CHANGES IN BENEFICIAL OW Section 16. SECURITIES						LOWNI	ERSHIP OF	Estimated a burden hou	average urs per		
Form 4 or Form 5 obligations may continue.response0.5See Instruction 1(b).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(h) of the Investment Company Act of 19400.5											
(Print or Type Responses)											
	Address of Reporting	2. Issuer Name <b>and</b> Ticker or Trading Symbol				5. Relationship of Reporting Person(s) to Issuer					
		Ν	NxStage Medic	al, Inc. [N	XTM	]	(Check all applicable)				
(Last)	(First) (		b. Date of Earliest	Fransaction			X Director 10% Owner				
(Month/Day/Year)       _X_ Director         C/O NEW LEAF VENTURE       08/03/2010      Officer (give tit below)         PARTNERS, 7 TIMES SQUARE,       SUITE 1603      Officer (give tit below)											
	(Street)	4	4. If Amendment, Date Original				6. Individual or Joint/Group Filing(Check				
NEW VOI	DV NV 10026	F	Filed(Month/Day/Year)				Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting				
	RK, NY 10036					Р	erson				
(City)	(State)	(Zip)	Table I - Non-	Derivative S	Securi	ties Acqui	red, Disposed of,	or Beneficial	ly Owned		
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)		ate, if Transaction Code	Transaction Disposed of (D) Code (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
			Code V	Amount	(D)	Price	(Instr. 3 and 4)		G		
Common Stock	08/03/2010		S	300,000 (2)	D	\$ 16.316	6,244,033 <u>(3)</u>	Ι	See footnotes $(1) (3)$		
Common Stock	08/04/2010		S	100,000 (4)	D	\$ 16.326	6,144,033 <u>(5)</u>	Ι	See footnotes $(1) (5)$		
Common Stock	08/05/2010		S	37,100 ( <u>6)</u>	D	\$ 16.358	6,106,933 <u>(7)</u>	I	See footnotes (1) (7)		

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

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 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. Titl	le and	8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transactio	onNumber	Expiration D	ate	Amou	int of	Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day/	'Year)	Under	rlying	Security	Secu
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Secur	ities	(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		
						Date	Expiration Date	or Title Number			
						Exercisable			of		
				Code V	(A) (D)				Shares		
					( ) (-)						

# **Reporting Owners**

 

 Relationships

 Director
 10% Owner
 Officer
 Other

 CHAMBON PHILIPPE C/O NEW LEAF VENTURE PARTNERS 7 TIMES SQUARE, SUITE 1603 NEW YORK, NY 10036
 X
 X
 Signatures

 Signatures
 Craig L. Slutzkin as Attorney-in-fact for
 08/05/2010

# **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).

\*\*Signature of Reporting Person

- (1) See Footnote 1 in Exhibit 99.1
- (2) See Footnote 2 in Exhibit 99.1
- (3) See Footnote 3 in Exhibit 99.1
- (4) See Footnote 4 in Exhibit 99.1
- (5) See Footnote 5 in Exhibit 99.1
- (6) See Footnote 6 in Exhibit 99.1

Date

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#### (7) See Footnote 7 in Exhibit 99.1

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.