Edgar Filing: Otner Michael I. - Form 4

Otreau Mishaal I

| Form 4 | | | | | | | | | | | |
|--|--|-------------------|---------------------------------------|--|----------------|---|-------------|--|--|------------------------|--|
| May 21, 201 | | | | | | | | OMB APPROVAL | | | |
| | UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 | | | | | | | COMMISSION | OMB Number: | 3235-0287 | |
| Check thi if no long subject to Section 1 Form 4 o | 6. STATE | | | | | | | | Expires: Estimated a burden hour response | • | |
| Form 5 obligation may cont <i>See</i> Instru 1(b). | ns inue. Section 17 | (a) of the | Public U | | ling Con | ipany | y Act of | e Act of 1934, 21935 or Section 0 | n | | |
| (Print or Type F | Responses) | | | | | | | | | | |
| Otner Michael I. Syn | | | Symbol | 2. Issuer Name and Ticker or Trading Symbol Medidata Solutions, Inc. [MDSO] | | | | 5. Relationship of Reporting Person(s) to Issuer | | | |
| (Last) | (First) | (Middle) | 3. Date of Earliest Transaction (Chec | | | | | k all applicable) | | | |
| | | | | onth/Day/Year) 18/2013 | | | | Director 10% Owner X Officer (give title Other (specify below) below) EVP-General Counsel | | | |
| | (Street) 4. If Amendment, Date Original Filed(Month/Day/Year) | | | l | | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person | | | | | |
| NEW YORI | K, NY 10003 | | | | | | | Form filed by M Person | | | |
| (City) | (State) | (Zip) | Tabl | e I - Non-D | erivative | Secur | ities Acq | uired, Disposed of | , or Beneficial | ly Owned | |
| 1.Title of Security (Instr. 3) | 2. Transaction Da (Month/Day/Year |) Executio any | n Date, if | 3. Transactio Code (Instr. 8) | (Instr. 3, | spose | d of (D) | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Indirect Beneficial | |
| Common Stock | 05/18/2013 | | | F | 465 <u>(1)</u> | . , | \$ 71.98 | 23,709 | 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)

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| 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. Transactio Code (Instr. 8) | 5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | | ate | Secur | int of rlying | 8. Price of Derivative Security (Instr. 5) | 9. Nu Deriv Secu Bene Owna Follo Repo Trans (Instr |
|---|---|---|---|--|---|---------------------|--------------------|-------|--|---|--|
| | | | | Code V | (A) (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | |

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | | | |
|--------------------------------|---------------|-----------|--------------------|-------|--|--|--|
| | Director | 10% Owner | Officer | Other | | | |
| Otner Michael I. | | | | | | | |
| C/O MEDIDATA SOLUTIONS, INC., | | | EVP-General | | | | |
| 79 FIFTH AVENUE, 8TH FLOOR | | | Counsel | | | | |
| NEW YORK, NY 10003 | | | | | | | |
| Signatures | | | | | | | |
| | | | | | | | |

/s/ Michael I. Otner 05/21/2013 <u>**</u>Signature of Date Reporting Person

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 withheld by Medidata to satisfy the tax withholding obligation in connection with the vesting of previously awarded restricted stock.

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.