

# SECURITIES AND EXCHANGE COMMISSION

## FORM 3

Filing Date: **2009-01-26** | Period of Report: **2009-01-26**  
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### REPORTING OWNER

#### **PEREZ ROBERT J**

CIK: **1263230**

Type: **3** | Act: **34** | File No.: **000-14732** | Film No.: **09546253**

#### Mailing Address

*65 HAYDEN AVENUE  
LEXINGTON MA 02421*

#### Business Address

*7818608320*

### ISSUER

#### **AMAG PHARMACEUTICALS INC.**

CIK: **792977** | IRS No.: **042742593** | State of Incorpor.: **DE** | Fiscal Year End: **1231**

SIC: **2835** In vitro & in vivo diagnostic substances

#### Mailing Address

*100 HAYDEN AVENUE  
LEXINGTON MA 02140*

#### Business Address

*100 HAYDEN AVENUE  
LEXINGTON MA 02140  
6174972070*

OMB APPROVAL	
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**INITIAL STATEMENT OF 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(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person <u>PEREZ ROBERT J</u>  (Last) (First) (Middle)  <u>C/O AMAG PHARMACEUTICALS, INC., 100 HAYDEN AVENUE</u>  (Street)  <u>LEXINGTON, MA 02421</u>  (City) (State) (Zip)	2. Date of Event Requiring Statement (Month/Day/Year)  <u>01/26/2009</u>	3. Issuer Name and Ticker or Trading Symbol  <u>AMAG PHARMACEUTICALS INC. [AMAG]</u>		
		4. Relationship of Reporting Person(s) to Issuer (Check all applicable) <input checked="" type="checkbox"/> Director <input type="checkbox"/> 10% Owner <input type="checkbox"/> Officer (give title below) <input type="checkbox"/> Other (specify below)		5. If Amendment, Date Original Filed (Month/Day/Year)
				6. Individual or Joint/Group Filing (Check applicable line) <input checked="" type="checkbox"/> Form Filed by One Reporting Person <input type="checkbox"/> Form Filed by More than One Reporting Person

**Table I - Non-Derivative Securities Beneficially Owned**

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
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**Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)**

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)		4. Conversion or Exercise Price of Derivative Security	5. Ownership Form of Derivative Security: Direct (D) or Indirect (I) (Instr. 5)	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date	Title	Amount or Number of Shares			

**Remarks:**

Exhibit List, Exhibit 24 - Power of Attorney

**Signatures**

/s/ Joseph L. Farmer

\*\* Signature of Reporting Person

01/26/2009

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.**

On January 26, 2009 Mr. Perez executed a power of attorney granting each of David Arkowitz and Joseph Farmer the authority to execute and file Forms 3, 4 and 5 on his behalf in his capacity as a director of AMAG Pharmaceuticals.