

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2014 This Form is Open to Public Inspection
---	---	--

Part I	Annual Report Identification Information
For calendar plan year 2014 or fiscal plan year beginning <u>01/01/2014</u> and ending <u>12/31/2014</u>	
A This return/report is for:	☐ a multiemployer plan; ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions); or ☒ a single-employer plan; ☐ a DFE (specify) _____
B This return/report is:	☐ the first return/report; ☐ the final return/report; ☐ an amended return/report; ☐ a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information				
1a Name of plan <u>MOMENTA PHARMACEUTICALS 401(K) PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>10/15/2003</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>10/15/2003</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>				
1c Effective date of plan <u>10/15/2003</u>					
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) <u>MOMENTA PHARMACEUTICALS, INC.</u> <u>675 WEST KENDALL STREET</u> <u>CAMBRIDGE, MA 02142</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>04-3561634</u></td> </tr> <tr> <td>2c Plan Sponsor's telephone number <u>617-491-9700</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>541700</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>04-3561634</u>	2c Plan Sponsor's telephone number <u>617-491-9700</u>	2d Business code (see instructions) <u>541700</u>	
2b Employer Identification Number (EIN) <u>04-3561634</u>					
2c Plan Sponsor's telephone number <u>617-491-9700</u>					
2d Business code (see instructions) <u>541700</u>					

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	<u>10/05/2015</u>	<u>MARIE WASHBURN</u>
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE
Preparer's name (including firm name, if applicable) and address (include room or suite number) (optional)			Preparer's telephone number (optional)

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name	4b EIN 4c PN
5 Total number of participants at the beginning of the plan year	5 296
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits..... d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1) 268 6a(2) 257 6b 0 6c 58 6d 315 6e 0 6f 315 6g 297 6h 18
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2F 2G 2J 2K 2T 3D b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)	
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☐ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

Part III**Form M-1 Compliance Information (to be completed by welfare benefit plans)**

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) ☐ Yes ☐ No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) ☐ Yes ☐ No

11c Enter the Receipt Confirmation Code for the 2014 Form M-1 annual report. If the plan was not required to file the 2014 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2014
		This Form is Open to Public Inspection.

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

A Name of plan <u>MOMENTA PHARMACEUTICALS 401(K) PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>MOMENTA PHARMACEUTICALS, INC.</u>	D Employer Identification Number (EIN) <u>04-3561634</u>

Part I Service Provider Information (see instructions)

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... ☒ Yes ☐ No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

(b) Enter name and EIN or address of person who provided you disclosure on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
37 60 64 65	RECORDKEEPER	5036	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

3 If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
ARTISAN INTL - BOSTON FINANCIAL DA P.O. BOX 8480 BOSTON, MA 02266		0.40%
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
INVS DEVELOP MKTS A - INVESCO CANA 5140 YONGE STREET, SUITE 900 TORONTO, ON M2N 6 CA		0.50%
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
THORNBURG INT VAL R4 - BOSTON FINA P.O. BOX 8480 BOSTON, MA 02266		0.50%

Part I Service Provider Information (continued)

3 If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
TRP EQUITY INC ADV - T. ROWE PRICE 52-2269240	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

Part III **Termination Information on Accountants and Enrolled Actuaries (see instructions)**
(complete as many entries as needed)

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2014 This Form is Open to Public Inspection
For calendar plan year 2014 or fiscal plan year beginning <u>01/01/2014</u> and ending <u>12/31/2014</u>		
A Name of plan <u>MOMENTA PHARMACEUTICALS 401(K) PLAN</u>		B Three-digit plan number (PN) ► <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>MOMENTA PHARMACEUTICALS, INC.</u>		D Employer Identification Number (EIN) <u>04-3561634</u>

Part I Asset and Liability Statement			
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)	0	0
(2) Participant contributions.....	1b(2)	0	0
(3) Other.....	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)	902494	884082
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common.....	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property).....	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans.....	1c(8)	253619	267751
(9) Value of interest in common/collective trusts	1c(9)	0	0
(10) Value of interest in pooled separate accounts	1c(10)	0	0
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities.....	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	21553980	25918033
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)	0	0

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)	0	0
(2) Employer real property	1d(2)	0	0
e Buildings and other property used in plan operation	1e	0	0
f Total assets (add all amounts in lines 1a through 1e)	1f	22710093	27069866

Liabilities

g Benefit claims payable	1g	0	0
h Operating payables	1h	0	0
i Acquisition indebtedness	1i	0	0
j Other liabilities	1j	0	0
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	22710093	27069866
---	-----------	----------	----------

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	874731	
(B) Participants	2a(1)(B)	2675820	
(C) Others (including rollovers)	2a(1)(C)	160974	
(2) Noncash contributions	2a(2)	0	3711525
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	92	
(B) U.S. Government securities	2b(1)(B)	0	
(C) Corporate debt instruments	2b(1)(C)	0	
(D) Loans (other than to participants)	2b(1)(D)	0	
(E) Participant loans	2b(1)(E)	10407	
(F) Other	2b(1)(F)	0	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		10499
(2) Dividends: (A) Preferred stock	2b(2)(A)	0	
(B) Common stock	2b(2)(B)	0	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	1503651	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		1503651
(3) Rents	2b(3)		0
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	0	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	0	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	0	
(B) Other	2b(5)(B)	0	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		0
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		188685
c Other income.....	2c		0
d Total income. Add all income amounts in column (b) and enter total.....	2d		5414360

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	1049551	
(2) To insurance carriers for the provision of benefits.....	2e(2)	0	
(3) Other.....	2e(3)	0	
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		1049551
f Corrective distributions (see instructions).....	2f		0
g Certain deemed distributions of participant loans (see instructions).....	2g		0
h Interest expense.....	2h		0
i Administrative expenses: (1) Professional fees.....	2i(1)	0	
(2) Contract administrator fees.....	2i(2)	0	
(3) Investment advisory and management fees.....	2i(3)	3008	
(4) Other.....	2i(4)	2028	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		5036
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		1054587

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		4359773
l Transfers of assets:			
(1) To this plan.....	2l(1)		0
(2) From this plan.....	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) ☐ Unqualified (2) ☐ Qualified (3) ☒ Disclaimer (4) ☐ Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)?

☒ Yes ☐ No

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: MCGLADREY LLP

(2) EIN: 42-0714325

d The opinion of an independent qualified public accountant is **not attached** because:

(1) ☐ This form is filed for a CCT, PSA, or MTIA. (2) ☐ It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

During the plan year:

a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....

b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.).....

	Yes	No	Amount
4a		X	
4b		X	

	Yes	No	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
4c			
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
4d			
e Was this plan covered by a fidelity bond?	X		500000
4e			
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
4f			
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
4g			
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
4h			
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
4i			
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)		X	
4j			
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
4k			
l Has the plan failed to provide any benefit when due under the plan?		X	
4l			
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
4m			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.		X	
4n			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?
 If "Yes," enter the amount of any plan assets that reverted to the employer this year. ☐ Yes ☒ No Amount:

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? ☐ Yes ☐ No ☐ Not determined

Part V Trust Information (optional)

6a Name of trust	6b Trust's EIN

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2014 This Form is Open to Public Inspection.
---	--	--

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

A Name of plan <u>MOMENTA PHARMACEUTICALS 401(K) PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>MOMENTA PHARMACEUTICALS, INC.</u>	D Employer Identification Number (EIN) <u>04-3561634</u>

Part I	Distributions
---------------	----------------------

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>04-6568107</u>	
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.	
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part)
----------------	--

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?.....	☐ Yes	☐ No	☐ N/A
If the plan is a defined benefit plan, go to line 8.			
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived).....	6a		
b Enter the amount contributed by the employer to the plan for this plan year.....	6b		
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)	6c		
If you completed line 6c, skip lines 8 and 9.			
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?.....	☐ Yes	☐ No	☐ N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?.....	☐ Yes	☐ No	☐ N/A

Part III	Amendments
-----------------	-------------------

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.....	☐ Increase	☐ Decrease	☐ Both	☐ No
--	-----------------------------------	-----------------------------------	-------------------------------	-----------------------------

Part IV	ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
----------------	---

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.).....	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

- 14** Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year	14a	
b The plan year immediately preceding the current plan year	14b	
c The second preceding plan year	14c	

- 15** Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	15a	
b The corresponding number for the second preceding plan year	15b	

- 16** Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	16a	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	16b	

- 17** If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

- 18** If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

- 19** If the total number of participants is 1,000 or more, complete lines (a) through (c)

- a** Enter the percentage of plan assets held as:
 Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%
- b** Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more
- c** What duration measure was used to calculate line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

Momenta Pharmaceuticals 401(k) Plan

Financial Report
December 31, 2014 and 2013

Contents

Independent Auditor's Report	1-2
Financial Statements	
Statements of Net Assets Available for Plan Benefits	3
Statement of Changes in Net Assets Available for Plan Benefits	4
Notes to Financial Statements	5-10
Supplementary Information	
Schedule H, Line 4(i) – Schedule of Assets (Held at End of Year)	11



Independent Auditor's Report

To the Plan Administrator
Momenta Pharmaceuticals 401(k) Plan
Cambridge, Massachusetts

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Momenta Pharmaceuticals 401(k) Plan (the "Plan"), which comprise the statements of net assets available for plan benefits as of December 31, 2014 and 2013, and the related statement of changes in net assets available for plan benefits for the year ended December 31, 2014, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audits in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan Administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 6, which was certified or provided by Fidelity Management Trust Company, the trustee of the Plan, except for comparing this information with the related information included in the financial statements. We have been informed by the Plan Administrator that the trustee holds the Plan's assets and executes transactions. The Plan Administrator has obtained certifications from the trustee as of December 31, 2014 and 2013, and for the year ended December 31, 2014, that the information provided to the Plan Administrator by the trustee is complete and accurate.

Disclaimer of Opinion

Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

Other Matter

The supplemental schedule, Schedule H, Line 4(i) – Schedule of Assets (Held at End of Year) as of December 31, 2014, is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purposes of additional analysis and is not a required part of the financial statements. This supplemental schedule is the responsibility of the Plan's management. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedule.

Report on Form and Content in Compliance with DOL Rules and Regulations

The form and content of the information included in the financial statements and Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year), other than that derived from the information certified or provided by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

A handwritten signature in black ink that reads "McGladrey LLP". The signature is written in a cursive, flowing style.

Boston, Massachusetts
September 24, 2015

Momenta Pharmaceuticals 401(k) Plan

**Statements of Net Assets Available for Plan Benefits
December 31, 2014 and 2013**

	2014	2013
Assets		
Investments, at fair value	\$ 26,802,115	\$ 22,456,474
Notes receivable from participants	267,751	253,619
Net assets available for plan benefits	\$ 27,069,866	\$ 22,710,093

See Notes to Financial Statements.

Momenta Pharmaceuticals 401(k) Plan

Statement of Changes in Net Assets Available for Plan Benefits Year Ended December 31, 2014

Additions to Net Assets Attributed to

Investment income:

Net appreciation in fair value of investments	\$ 188,685
Interest and dividends	<u>1,503,743</u>
	<u>1,692,428</u>

Interest income on notes receivable from participants	<u>10,407</u>
---	---------------

Contributions:

Participant	2,675,820
Employer	874,731
Rollover	<u>160,974</u>
	<u>3,711,525</u>

Total additions	<u>5,414,360</u>
------------------------	------------------

Deductions from Net Assets Attributed to

Benefits paid to participants	1,049,551
Administrative expenses	<u>5,036</u>
Total deductions	<u>1,054,587</u>

Net increase	4,359,773
--------------	-----------

Net Assets Available for Plan Benefits

Beginning of year	<u>22,710,093</u>
End of year	<u><u>\$ 27,069,866</u></u>

See Notes to Financial Statements.

Momenta Pharmaceuticals 401(k) Plan

Notes to Financial Statements

Note 1. Description of the Plan

The following description of the Momenta Pharmaceuticals 401(k) Plan (the "Plan"), of Momenta Pharmaceuticals, Inc. (the "Company" or "Plan Sponsor"), provides only general information. Participants should refer to the plan agreement for a more complete description of the Plan's provisions.

General: The Plan is a defined contribution plan covering all eligible employees of the Company. The Plan was established by the Company on October 31, 2003 and is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"), as amended. The Plan was most recently amended and restated on November 1, 2010.

Eligibility: All employees of the Company who have attained at least 21 years of age. There is no service requirement. Leased and temporary employees are excluded from participation in the Plan.

Contributions: Participant contributions are limited to the lesser of 60% of eligible compensation, as defined, or the annual deferral limit defined by the Internal Revenue Code ("IRC"). Participants enrolled in the Plan will defer an elected percentage of their annual eligible compensation, as defined, as a pre-tax contribution unless they inform the Plan Sponsor to contribute a different percentage or elect not to participate in the Plan. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants direct the investment of their contributions into various registered investments offered by the Plan.

The Company has the option of making discretionary matching contributions. For the year ended December 31, 2014, the Company made a contribution of an amount equal to 50% of each participant's authorized elective deferral up to 6% of the participant's eligible compensation.

Rollovers: With the approval of the plan administrator, the Plan may receive any amounts received by an employee as a distribution from another qualified plan provided that the receipt of such amounts do not adversely affect the qualified tax status of the Plan. Participants are fully vested in these amounts.

Participant accounts: Each participant has a separate individual investment account. Each participant's account is credited with the participant's contribution and the Company's matching contribution. Gains and losses on the account shall accrue to such account only. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account balance.

Vesting: Participants are fully and immediately vested in their voluntary contributions, rollover contributions, and the earnings and losses thereon. Company matching contributions and earnings thereon vest in accordance with the following schedule:

Years of Service for Vesting	Vesting Percentage
Less than 1	0%
1	25%
2	50%
3	75%
4	100%

Investment elections: Each participant directs the investment of his or her own individual account and may select from several mutual funds as well as a money market fund. Each participant has the ability to change his or her investment allocations at any time.

Momenta Pharmaceuticals 401(k) Plan

Notes to Financial Statements

Note 1. Description of the Plan (Continued)

Notes receivable from participants: Each participant may, upon written application, borrow any amount from \$1,000 up to a maximum of the lesser of 50% of his or her total vested account balance or \$50,000 (less the highest outstanding balance on any other loan outstanding in the prior 12 months) as defined by the Plan. The loan repayment period is up to five years and may be extended to ten years for a loan to purchase a principal residence. All loans bear a reasonable rate of interest as determined by the plan administrator based on the prevailing interest rates charged by persons in the business of lending money for loans which would be made under similar circumstances. A participant is not allowed to have more than one loan outstanding at a time.

Payment of benefits: The Plan provides for distribution of the vested balance of a participant's account to a participant, spouse or designated beneficiary upon retirement, death, disability, hardship or termination of employment. Distributions are made in the form of a lump sum. Upon termination of employment, the participant may elect to leave his or her account on deposit with the trustee of the Plan, unless the balance is less than \$5,000, in which case the amount is distributed to the participant.

In accordance with a uniform and nondiscriminatory policy adopted by the plan administrator, a participant may withdraw a portion of his or her vested balance to meet immediate and heavy financial needs, subject to certain limitations outlined in the Plan.

Forfeitures: Forfeitures represent the non-vested portion of terminated participants' account balances. These amounts can be used to reduce future employer contributions or to pay plan administrative expenses. During 2014, forfeitures totaled \$30,071 and forfeitures of \$24,743 were used to fund employer matching contributions. As of December 31, 2014 and 2013, unallocated forfeiture amounts available for future matching contributions were \$21,543 and \$16,215, respectively.

Administrative expenses: The Company pays substantially all of the administrative costs for the Plan. Certain expenses related to participant level transactions, such as loan set up fees, or investment management fees, are charged directly to the respective participants' accounts.

Note 2. Summary of Significant Accounting Policies

Basis of accounting and use of estimates: The financial statements have been prepared in accordance with accounting standards set by the Financial Accounting Standards Board ("FASB"). The FASB sets generally accepted accounting principles ("GAAP") to ensure net assets available for plan benefits and changes in net assets available for plan benefits are consistently reported. References to GAAP issued by the FASB in these footnotes are to the FASB Accounting Standards Codification ("FASB ASC"). The financial statements of the Plan are prepared on the accrual basis of accounting.

The preparation of financial statements in conformity with GAAP requires the plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

Investment valuation and income recognition: The Plan's investments are stated at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded when earned. Dividends are recorded on the ex-dividend date. In the statement of changes in net assets available for plan benefits, the Plan presents the net appreciation in the fair value of investments, which consists of the realized gains and losses and the unrealized appreciation and depreciation on those investments.

Notes receivable from participants: Notes receivable from participants are measured at their unpaid principal balances plus any unpaid interest. Delinquent loans are treated as distributions based on the terms of the plan document.

Notes to Financial Statements

Note 2. Summary of Significant Accounting Policies (Continued)

Payment of benefits: Benefits are recorded when paid.

Income taxes: GAAP require Plan management to evaluate tax positions taken by the Plan, and recognize a tax liability (or asset) if the Plan has taken any uncertain tax positions that more likely than not would not be sustained upon examination by a tax authority. Management evaluated the Plan's tax positions and concluded that the Plan had maintained its tax-exempt status and had taken no uncertain tax positions that require adjustment to the financial statements. Therefore, no provision or liability for income taxes has been included in the financial statements. With few exceptions, the Plan is no longer subject to income tax examinations by the U.S. federal, state, or local tax authorities for years before 2010.

Fair value measurements: The Plan follows guidance within FASB ASC 820 - *Fair Value Measurements and Disclosures* ("ASC 820"), which defines fair value, and establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements).

The three levels of the fair value hierarchy are described below:

Level 1: Inputs are quoted prices (unadjusted) in active markets for identical assets or liabilities that the reporting entity has the ability to access at the measurement date.

Level 2: Valuations based on quoted prices in markets that are not active or for which all significant inputs are observable, either directly or indirectly.

Level 3: Prices or valuations that require inputs that are both significant to the fair value measurement and unobservable.

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2014 and 2013.

Valuation techniques: There have been no changes in the valuation techniques used during the current period.

Mutual funds and money market fund: The fair values of shares of mutual funds and the money market fund represent the net asset value of such shares as of the close of business at the end of the period based on the quoted active market prices of the underlying investments. These securities are categorized in Level 1 as they are actively traded and no valuation adjustments have been applied.

The method described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

Momenta Pharmaceuticals 401(k) Plan

Notes to Financial Statements

Note 3. Investments

The following table presents the fair value of plan investments at December 31, 2014 and 2013. Investments that represent five percent or more of the Plan's net assets are identified separately.

	2014	2013
Mutual funds:		
Fidelity Contrafund	\$ 2,309,345	\$ 1,983,485
Fidelity Growth Company Fund	1,770,685	1,117,652
Artisan International	1,693,180	-
Fidelity Intermediate Bond Fund	1,502,579	1,387,262
Other	<u>18,642,244</u>	<u>17,065,581</u>
	25,918,033	21,553,980
Fidelity Money Market Trust Retirement Fund	<u>884,082</u>	<u>902,494</u>
Total investments at fair value	<u>\$ 26,802,115</u>	<u>\$ 22,456,474</u>

During the year ended December 31, 2014, the Plan's investments in mutual funds appreciated in fair value (including gains and losses on investments bought and sold, as well as held during the year) by \$188,685.

Note 4. Fair Value Measurements

Assets measured at fair value on a recurring basis as of December 31, 2014 and 2013 are as follows:

	Total Fair Value	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
<u>December 31, 2014</u>				
Investments:				
Mutual funds:				
Mid/large cap funds	\$ 19,577,350	\$ 19,577,350	\$ -	\$ -
Fixed income funds	2,529,977	2,529,977	-	-
International funds	2,267,396	2,267,396	-	-
Small cap funds	1,543,310	1,543,310	-	-
Total mutual funds	<u>25,918,033</u>	<u>25,918,033</u>	<u>-</u>	<u>-</u>
Money market funds	<u>884,082</u>	<u>884,082</u>	<u>-</u>	<u>-</u>
	<u>\$ 26,802,115</u>	<u>\$ 26,802,115</u>	<u>\$ -</u>	<u>\$ -</u>

Momenta Pharmaceuticals 401(k) Plan

Notes to Financial Statements

Note 4. Fair Value Measurements (Continued)

	Total Fair Value	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
<u>December 31, 2013</u>				
Investments:				
Mutual funds:				
Mid/large cap funds	\$ 15,717,489	\$ 15,717,489	\$ -	\$ -
International funds	2,306,784	2,306,784	-	-
Fixed income funds	1,934,631	1,934,631	-	-
Small cap funds	1,595,076	1,595,076	-	-
Total mutual funds	21,553,980	21,553,980	-	-
Money market funds	902,494	902,494	-	-
	<u>\$ 22,456,474</u>	<u>\$ 22,456,474</u>	<u>\$ -</u>	<u>\$ -</u>

Note 5. Notes Receivable from Participants

The Plan permits its participants to obtain loans against their account balances. As of December 31, 2014 and 2013, total loans outstanding were \$267,751 and \$253,619, respectively. During the year ended December 31, 2014, interest earned on such loans was \$10,407. Loans to participants are collateralized by the respective participant's remaining account balance. Also, certain restrictions apply to participant loans, as defined in the plan document.

Note 6. Information Prepared and Certified by Plan's Trustee

The following is a summary of the Plan's asset information as of December 31, 2014 and 2013, and for the year ended December 31, 2014, included throughout the Plan's financial statements and supplemental schedule, that was prepared by or derived from information provided by Fidelity Management Trust Company, the trustee, and furnished to the plan administrator. The plan administrator has obtained certifications from the trustee that information provided to the plan administrator by the trustee related to the following assets is complete and accurate. Accordingly, as permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, the plan administrator instructed the Plan's independent auditors not to perform any auditing procedures with respect to information related to the following assets:

	2014	2013
Investments, at fair value	<u>\$ 26,802,115</u>	<u>\$ 22,456,474</u>
Notes receivable from participants	<u>\$ 267,751</u>	<u>\$ 253,619</u>

For the year ended December 31, 2014, Fidelity Management Trust Company certifies to the completeness and accuracy of \$188,685 of net appreciation in fair value of investments, \$1,503,743 of interest and dividends related to the aforementioned investments, and \$10,407 of interest in notes receivable from participants.

Notes to Financial Statements

Note 7. Tax Status

The Plan has adopted a prototype standardized profit sharing plan of Fidelity Management & Research Company. The Plan has received an opinion letter from the Internal Revenue Service dated March 31, 2008, stating that the Plan is designed in accordance with applicable sections of the Internal Revenue Code (the "Code"). The Plan has been amended since receiving the determination letter. However, the plan administrator believes that the Plan is correctly designed and is being operated in compliance with the applicable requirement of the Code. The Plan itself has not separately applied for recognition of tax exempt status. However, the plan administrator believes that the Plan is currently designed and operated in compliance with the applicable requirements of the Code. Therefore, no provision for income taxes has been included in the Plan's financial statements.

Note 8. Plan Termination

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and terminate the Plan subject to the provisions of ERISA. In the event of plan termination, participants will become 100% vested in their accounts.

Note 9. Party-In-Interest Transactions

The Plan's investments in shares of mutual funds and a money market fund are managed by Fidelity Management Trust Company, the trustee of the Plan, and therefore, these transactions qualify as party-in-interest transactions as the term is defined in Section 3 (14) of ERISA. The Plan also holds notes receivables from participants, which are secured by the balances in the participants' accounts, which also represent party-in-interest transactions.

Note 10. Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and such changes could materially affect the amounts reported in the statements of net assets available for plan benefits.

Note 11. Subsequent Events

The Plan has evaluated subsequent events through September 24, 2015, the date the financial statements were available to be issued, and has not identified any conditions or events that require disclosure.

Momenta Pharmaceuticals 401(k) Plan
**Employer Identification Number 04-3561634
Plan Number 001**
Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year)

December 31, 2014

(a)	(b)	(c)					(d)	(e)
		Description of Investment						
	Identity of Issue, Borrower, Lessor or Similar Party	Type of Investment	Maturity Date	Rate of Interest	Collateral	Par or Maturity Value	Cost	Current Value
*	Fidelity Contrafund	Mutual Fund	n/a	n/a	n/a	n/a	n/a	\$ 2,309,345
*	Fidelity Growth Company Fund	Mutual Fund	n/a	n/a	n/a	n/a	n/a	1,770,685
	Artisan International	Mutual Fund	n/a	n/a	n/a	n/a	n/a	1,693,180
*	Fidelity Intermediate Bond Fund	Mutual Fund	n/a	n/a	n/a	n/a	n/a	1,502,580
*	Fidelity Freedom 2025 Fund	Mutual Fund	n/a	n/a	n/a	n/a	n/a	1,339,722
*	Fidelity Freedom 2045 Fund	Mutual Fund	n/a	n/a	n/a	n/a	n/a	1,269,913
*	Fidelity Mid Cap Stock Fund	Mutual Fund	n/a	n/a	n/a	n/a	n/a	1,237,739
*	Fidelity Blue Chip Growth Fund	Mutual Fund	n/a	n/a	n/a	n/a	n/a	1,234,818
*	Spartan Total Market Index Fund - Advantage Class	Mutual Fund	n/a	n/a	n/a	n/a	n/a	1,204,857
*	Fidelity Low Priced Stock Fund	Mutual Fund	n/a	n/a	n/a	n/a	n/a	1,196,030
*	Fidelity Small Cap Discovery	Mutual Fund	n/a	n/a	n/a	n/a	n/a	1,119,451
*	Fidelity Freedom 2030 Fund	Mutual Fund	n/a	n/a	n/a	n/a	n/a	995,555
*	Fidelity Freedom 2035 Fund	Mutual Fund	n/a	n/a	n/a	n/a	n/a	906,473
*	Fidelity Value Fund	Mutual Fund	n/a	n/a	n/a	n/a	n/a	771,471
*	Fidelity Puritan Fund	Mutual Fund	n/a	n/a	n/a	n/a	n/a	735,683
*	Fidelity Freedom 2040 Fund	Mutual Fund	n/a	n/a	n/a	n/a	n/a	723,965
*	Fidelity Freedom 2020 Fund	Mutual Fund	n/a	n/a	n/a	n/a	n/a	630,584
*	Fidelity Dividend Growth Fund	Mutual Fund	n/a	n/a	n/a	n/a	n/a	615,330
*	Fidelity Real Estate Investment Portfolio Fund	Mutual Fund	n/a	n/a	n/a	n/a	n/a	551,284
*	Spartan International Market Index Fund - Advantage Class	Mutual Fund	n/a	n/a	n/a	n/a	n/a	464,851
*	Spartan Extended Market Index Fund - Advantage Class	Mutual Fund	n/a	n/a	n/a	n/a	n/a	435,475
*	Fidelity Small Cap Value Fund	Mutual Fund	n/a	n/a	n/a	n/a	n/a	423,859
*	Spartan US Bond	Mutual Fund	n/a	n/a	n/a	n/a	n/a	393,089
*	Fidelity Large Cap Stock Fund	Mutual Fund	n/a	n/a	n/a	n/a	n/a	389,618
*	T. Rowe Price Equity Income Fund Advisor Class	Mutual Fund	n/a	n/a	n/a	n/a	n/a	384,960
	Invesco Developing Markets CL A	Mutual Fund	n/a	n/a	n/a	n/a	n/a	371,946
*	Fidelity Freedom Income Fund	Mutual Fund	n/a	n/a	n/a	n/a	n/a	371,727
*	Fidelity Freedom 2050 Fund	Mutual Fund	n/a	n/a	n/a	n/a	n/a	361,421
*	Fidelity Freedom 2015 Fund	Mutual Fund	n/a	n/a	n/a	n/a	n/a	239,539
*	Fidelity Freedom 2010 Fund	Mutual Fund	n/a	n/a	n/a	n/a	n/a	164,778
*	Fidelity Freedom 2055 Fund	Mutual Fund	n/a	n/a	n/a	n/a	n/a	108,105
*	Fidelity OTC Portfolio Fund	Mutual Fund	n/a	n/a	n/a	n/a	n/a	-
*	Fidelity Freedom 2000 Fund	Mutual Fund	n/a	n/a	n/a	n/a	n/a	-
	Fidelity Fund	Mutual Fund	n/a	n/a	n/a	n/a	n/a	-
	Thornburg International Value Fund Class R4	Mutual Fund	n/a	n/a	n/a	n/a	n/a	-
*	Fidelity Money Market Trust Retirement Fund	Money Market	n/a	n/a	n/a	n/a	n/a	884,082
*	Participant Loans	Loans to Participants	varies	4%	n/a	varies	-	267,751
								\$ 27,069,866
* Represents a party-in-interest to the Plan								

Momenta Pharmaceuticals 401(k) Plan

Financial Report
December 31, 2014 and 2013

Contents

Independent Auditor's Report	1-2
Financial Statements	
Statements of Net Assets Available for Plan Benefits	3
Statement of Changes in Net Assets Available for Plan Benefits	4
Notes to Financial Statements	5-10
Supplementary Information	
Schedule H, Line 4(i) – Schedule of Assets (Held at End of Year)	11



Independent Auditor's Report

To the Plan Administrator
Momenta Pharmaceuticals 401(k) Plan
Cambridge, Massachusetts

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Momenta Pharmaceuticals 401(k) Plan (the "Plan"), which comprise the statements of net assets available for plan benefits as of December 31, 2014 and 2013, and the related statement of changes in net assets available for plan benefits for the year ended December 31, 2014, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audits in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan Administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 6, which was certified or provided by Fidelity Management Trust Company, the trustee of the Plan, except for comparing this information with the related information included in the financial statements. We have been informed by the Plan Administrator that the trustee holds the Plan's assets and executes transactions. The Plan Administrator has obtained certifications from the trustee as of December 31, 2014 and 2013, and for the year ended December 31, 2014, that the information provided to the Plan Administrator by the trustee is complete and accurate.

Disclaimer of Opinion

Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

Other Matter

The supplemental schedule, Schedule H, Line 4(i) – Schedule of Assets (Held at End of Year) as of December 31, 2014, is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purposes of additional analysis and is not a required part of the financial statements. This supplemental schedule is the responsibility of the Plan's management. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedule.

Report on Form and Content in Compliance with DOL Rules and Regulations

The form and content of the information included in the financial statements and Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year), other than that derived from the information certified or provided by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

A handwritten signature in black ink that reads "McGladrey LLP". The signature is written in a cursive, flowing style.

Boston, Massachusetts
September 24, 2015

Momenta Pharmaceuticals 401(k) Plan

**Statements of Net Assets Available for Plan Benefits
December 31, 2014 and 2013**

	2014	2013
Assets		
Investments, at fair value	\$ 26,802,115	\$ 22,456,474
Notes receivable from participants	267,751	253,619
Net assets available for plan benefits	\$ 27,069,866	\$ 22,710,093

See Notes to Financial Statements.

Momenta Pharmaceuticals 401(k) Plan

Statement of Changes in Net Assets Available for Plan Benefits Year Ended December 31, 2014

Additions to Net Assets Attributed to

Investment income:

Net appreciation in fair value of investments	\$ 188,685
Interest and dividends	<u>1,503,743</u>
	<u>1,692,428</u>

Interest income on notes receivable from participants	<u>10,407</u>
---	---------------

Contributions:

Participant	2,675,820
Employer	874,731
Rollover	<u>160,974</u>
	<u>3,711,525</u>

Total additions	<u>5,414,360</u>
------------------------	------------------

Deductions from Net Assets Attributed to

Benefits paid to participants	1,049,551
Administrative expenses	<u>5,036</u>
Total deductions	<u>1,054,587</u>

Net increase	4,359,773
--------------	-----------

Net Assets Available for Plan Benefits

Beginning of year	<u>22,710,093</u>
End of year	<u><u>\$ 27,069,866</u></u>

See Notes to Financial Statements.

Momenta Pharmaceuticals 401(k) Plan

Notes to Financial Statements

Note 1. Description of the Plan

The following description of the Momenta Pharmaceuticals 401(k) Plan (the "Plan"), of Momenta Pharmaceuticals, Inc. (the "Company" or "Plan Sponsor"), provides only general information. Participants should refer to the plan agreement for a more complete description of the Plan's provisions.

General: The Plan is a defined contribution plan covering all eligible employees of the Company. The Plan was established by the Company on October 31, 2003 and is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"), as amended. The Plan was most recently amended and restated on November 1, 2010.

Eligibility: All employees of the Company who have attained at least 21 years of age. There is no service requirement. Leased and temporary employees are excluded from participation in the Plan.

Contributions: Participant contributions are limited to the lesser of 60% of eligible compensation, as defined, or the annual deferral limit defined by the Internal Revenue Code ("IRC"). Participants enrolled in the Plan will defer an elected percentage of their annual eligible compensation, as defined, as a pre-tax contribution unless they inform the Plan Sponsor to contribute a different percentage or elect not to participate in the Plan. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants direct the investment of their contributions into various registered investments offered by the Plan.

The Company has the option of making discretionary matching contributions. For the year ended December 31, 2014, the Company made a contribution of an amount equal to 50% of each participant's authorized elective deferral up to 6% of the participant's eligible compensation.

Rollovers: With the approval of the plan administrator, the Plan may receive any amounts received by an employee as a distribution from another qualified plan provided that the receipt of such amounts do not adversely affect the qualified tax status of the Plan. Participants are fully vested in these amounts.

Participant accounts: Each participant has a separate individual investment account. Each participant's account is credited with the participant's contribution and the Company's matching contribution. Gains and losses on the account shall accrue to such account only. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account balance.

Vesting: Participants are fully and immediately vested in their voluntary contributions, rollover contributions, and the earnings and losses thereon. Company matching contributions and earnings thereon vest in accordance with the following schedule:

Years of Service for Vesting	Vesting Percentage
Less than 1	0%
1	25%
2	50%
3	75%
4	100%

Investment elections: Each participant directs the investment of his or her own individual account and may select from several mutual funds as well as a money market fund. Each participant has the ability to change his or her investment allocations at any time.

Momenta Pharmaceuticals 401(k) Plan

Notes to Financial Statements

Note 1. Description of the Plan (Continued)

Notes receivable from participants: Each participant may, upon written application, borrow any amount from \$1,000 up to a maximum of the lesser of 50% of his or her total vested account balance or \$50,000 (less the highest outstanding balance on any other loan outstanding in the prior 12 months) as defined by the Plan. The loan repayment period is up to five years and may be extended to ten years for a loan to purchase a principal residence. All loans bear a reasonable rate of interest as determined by the plan administrator based on the prevailing interest rates charged by persons in the business of lending money for loans which would be made under similar circumstances. A participant is not allowed to have more than one loan outstanding at a time.

Payment of benefits: The Plan provides for distribution of the vested balance of a participant's account to a participant, spouse or designated beneficiary upon retirement, death, disability, hardship or termination of employment. Distributions are made in the form of a lump sum. Upon termination of employment, the participant may elect to leave his or her account on deposit with the trustee of the Plan, unless the balance is less than \$5,000, in which case the amount is distributed to the participant.

In accordance with a uniform and nondiscriminatory policy adopted by the plan administrator, a participant may withdraw a portion of his or her vested balance to meet immediate and heavy financial needs, subject to certain limitations outlined in the Plan.

Forfeitures: Forfeitures represent the non-vested portion of terminated participants' account balances. These amounts can be used to reduce future employer contributions or to pay plan administrative expenses. During 2014, forfeitures totaled \$30,071 and forfeitures of \$24,743 were used to fund employer matching contributions. As of December 31, 2014 and 2013, unallocated forfeiture amounts available for future matching contributions were \$21,543 and \$16,215, respectively.

Administrative expenses: The Company pays substantially all of the administrative costs for the Plan. Certain expenses related to participant level transactions, such as loan set up fees, or investment management fees, are charged directly to the respective participants' accounts.

Note 2. Summary of Significant Accounting Policies

Basis of accounting and use of estimates: The financial statements have been prepared in accordance with accounting standards set by the Financial Accounting Standards Board ("FASB"). The FASB sets generally accepted accounting principles ("GAAP") to ensure net assets available for plan benefits and changes in net assets available for plan benefits are consistently reported. References to GAAP issued by the FASB in these footnotes are to the FASB Accounting Standards Codification ("FASB ASC"). The financial statements of the Plan are prepared on the accrual basis of accounting.

The preparation of financial statements in conformity with GAAP requires the plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

Investment valuation and income recognition: The Plan's investments are stated at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded when earned. Dividends are recorded on the ex-dividend date. In the statement of changes in net assets available for plan benefits, the Plan presents the net appreciation in the fair value of investments, which consists of the realized gains and losses and the unrealized appreciation and depreciation on those investments.

Notes receivable from participants: Notes receivable from participants are measured at their unpaid principal balances plus any unpaid interest. Delinquent loans are treated as distributions based on the terms of the plan document.

Notes to Financial Statements

Note 2. Summary of Significant Accounting Policies (Continued)

Payment of benefits: Benefits are recorded when paid.

Income taxes: GAAP require Plan management to evaluate tax positions taken by the Plan, and recognize a tax liability (or asset) if the Plan has taken any uncertain tax positions that more likely than not would not be sustained upon examination by a tax authority. Management evaluated the Plan's tax positions and concluded that the Plan had maintained its tax-exempt status and had taken no uncertain tax positions that require adjustment to the financial statements. Therefore, no provision or liability for income taxes has been included in the financial statements. With few exceptions, the Plan is no longer subject to income tax examinations by the U.S. federal, state, or local tax authorities for years before 2010.

Fair value measurements: The Plan follows guidance within FASB ASC 820 - *Fair Value Measurements and Disclosures* ("ASC 820"), which defines fair value, and establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements).

The three levels of the fair value hierarchy are described below:

Level 1: Inputs are quoted prices (unadjusted) in active markets for identical assets or liabilities that the reporting entity has the ability to access at the measurement date.

Level 2: Valuations based on quoted prices in markets that are not active or for which all significant inputs are observable, either directly or indirectly.

Level 3: Prices or valuations that require inputs that are both significant to the fair value measurement and unobservable.

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2014 and 2013.

Valuation techniques: There have been no changes in the valuation techniques used during the current period.

Mutual funds and money market fund: The fair values of shares of mutual funds and the money market fund represent the net asset value of such shares as of the close of business at the end of the period based on the quoted active market prices of the underlying investments. These securities are categorized in Level 1 as they are actively traded and no valuation adjustments have been applied.

The method described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

Momenta Pharmaceuticals 401(k) Plan

Notes to Financial Statements

Note 3. Investments

The following table presents the fair value of plan investments at December 31, 2014 and 2013. Investments that represent five percent or more of the Plan's net assets are identified separately.

	2014	2013
Mutual funds:		
Fidelity Contrafund	\$ 2,309,345	\$ 1,983,485
Fidelity Growth Company Fund	1,770,685	1,117,652
Artisan International	1,693,180	-
Fidelity Intermediate Bond Fund	1,502,579	1,387,262
Other	<u>18,642,244</u>	<u>17,065,581</u>
	25,918,033	21,553,980
Fidelity Money Market Trust Retirement Fund	<u>884,082</u>	<u>902,494</u>
Total investments at fair value	<u>\$ 26,802,115</u>	<u>\$ 22,456,474</u>

During the year ended December 31, 2014, the Plan's investments in mutual funds appreciated in fair value (including gains and losses on investments bought and sold, as well as held during the year) by \$188,685.

Note 4. Fair Value Measurements

Assets measured at fair value on a recurring basis as of December 31, 2014 and 2013 are as follows:

	Total Fair Value	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
<u>December 31, 2014</u>				
Investments:				
Mutual funds:				
Mid/large cap funds	\$ 19,577,350	\$ 19,577,350	\$ -	\$ -
Fixed income funds	2,529,977	2,529,977	-	-
International funds	2,267,396	2,267,396	-	-
Small cap funds	1,543,310	1,543,310	-	-
Total mutual funds	<u>25,918,033</u>	<u>25,918,033</u>	<u>-</u>	<u>-</u>
Money market funds	<u>884,082</u>	<u>884,082</u>	<u>-</u>	<u>-</u>
	<u>\$ 26,802,115</u>	<u>\$ 26,802,115</u>	<u>\$ -</u>	<u>\$ -</u>

Momenta Pharmaceuticals 401(k) Plan

Notes to Financial Statements

Note 4. Fair Value Measurements (Continued)

	Total Fair Value	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
<u>December 31, 2013</u>				
Investments:				
Mutual funds:				
Mid/large cap funds	\$ 15,717,489	\$ 15,717,489	\$ -	\$ -
International funds	2,306,784	2,306,784	-	-
Fixed income funds	1,934,631	1,934,631	-	-
Small cap funds	1,595,076	1,595,076	-	-
Total mutual funds	21,553,980	21,553,980	-	-
Money market funds	902,494	902,494	-	-
	<u>\$ 22,456,474</u>	<u>\$ 22,456,474</u>	<u>\$ -</u>	<u>\$ -</u>

Note 5. Notes Receivable from Participants

The Plan permits its participants to obtain loans against their account balances. As of December 31, 2014 and 2013, total loans outstanding were \$267,751 and \$253,619, respectively. During the year ended December 31, 2014, interest earned on such loans was \$10,407. Loans to participants are collateralized by the respective participant's remaining account balance. Also, certain restrictions apply to participant loans, as defined in the plan document.

Note 6. Information Prepared and Certified by Plan's Trustee

The following is a summary of the Plan's asset information as of December 31, 2014 and 2013, and for the year ended December 31, 2014, included throughout the Plan's financial statements and supplemental schedule, that was prepared by or derived from information provided by Fidelity Management Trust Company, the trustee, and furnished to the plan administrator. The plan administrator has obtained certifications from the trustee that information provided to the plan administrator by the trustee related to the following assets is complete and accurate. Accordingly, as permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, the plan administrator instructed the Plan's independent auditors not to perform any auditing procedures with respect to information related to the following assets:

	2014	2013
Investments, at fair value	<u>\$ 26,802,115</u>	<u>\$ 22,456,474</u>
Notes receivable from participants	<u>\$ 267,751</u>	<u>\$ 253,619</u>

For the year ended December 31, 2014, Fidelity Management Trust Company certifies to the completeness and accuracy of \$188,685 of net appreciation in fair value of investments, \$1,503,743 of interest and dividends related to the aforementioned investments, and \$10,407 of interest in notes receivable from participants.

Notes to Financial Statements

Note 7. Tax Status

The Plan has adopted a prototype standardized profit sharing plan of Fidelity Management & Research Company. The Plan has received an opinion letter from the Internal Revenue Service dated March 31, 2008, stating that the Plan is designed in accordance with applicable sections of the Internal Revenue Code (the "Code"). The Plan has been amended since receiving the determination letter. However, the plan administrator believes that the Plan is correctly designed and is being operated in compliance with the applicable requirement of the Code. The Plan itself has not separately applied for recognition of tax exempt status. However, the plan administrator believes that the Plan is currently designed and operated in compliance with the applicable requirements of the Code. Therefore, no provision for income taxes has been included in the Plan's financial statements.

Note 8. Plan Termination

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and terminate the Plan subject to the provisions of ERISA. In the event of plan termination, participants will become 100% vested in their accounts.

Note 9. Party-In-Interest Transactions

The Plan's investments in shares of mutual funds and a money market fund are managed by Fidelity Management Trust Company, the trustee of the Plan, and therefore, these transactions qualify as party-in-interest transactions as the term is defined in Section 3 (14) of ERISA. The Plan also holds notes receivables from participants, which are secured by the balances in the participants' accounts, which also represent party-in-interest transactions.

Note 10. Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and such changes could materially affect the amounts reported in the statements of net assets available for plan benefits.

Note 11. Subsequent Events

The Plan has evaluated subsequent events through September 24, 2015, the date the financial statements were available to be issued, and has not identified any conditions or events that require disclosure.

Momenta Pharmaceuticals 401(k) Plan
**Employer Identification Number 04-3561634
Plan Number 001**
Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year)

December 31, 2014

(a)	(b)	(c)					(d)	(e)
		Description of Investment						
	Identity of Issue, Borrower, Lessor or Similar Party	Type of Investment	Maturity Date	Rate of Interest	Collateral	Par or Maturity Value	Cost	Current Value
*	Fidelity Contrafund	Mutual Fund	n/a	n/a	n/a	n/a	n/a	\$ 2,309,345
*	Fidelity Growth Company Fund	Mutual Fund	n/a	n/a	n/a	n/a	n/a	1,770,685
	Artisan International	Mutual Fund	n/a	n/a	n/a	n/a	n/a	1,693,180
*	Fidelity Intermediate Bond Fund	Mutual Fund	n/a	n/a	n/a	n/a	n/a	1,502,580
*	Fidelity Freedom 2025 Fund	Mutual Fund	n/a	n/a	n/a	n/a	n/a	1,339,722
*	Fidelity Freedom 2045 Fund	Mutual Fund	n/a	n/a	n/a	n/a	n/a	1,269,913
*	Fidelity Mid Cap Stock Fund	Mutual Fund	n/a	n/a	n/a	n/a	n/a	1,237,739
*	Fidelity Blue Chip Growth Fund	Mutual Fund	n/a	n/a	n/a	n/a	n/a	1,234,818
*	Spartan Total Market Index Fund - Advantage Class	Mutual Fund	n/a	n/a	n/a	n/a	n/a	1,204,857
*	Fidelity Low Priced Stock Fund	Mutual Fund	n/a	n/a	n/a	n/a	n/a	1,196,030
*	Fidelity Small Cap Discovery	Mutual Fund	n/a	n/a	n/a	n/a	n/a	1,119,451
*	Fidelity Freedom 2030 Fund	Mutual Fund	n/a	n/a	n/a	n/a	n/a	995,555
*	Fidelity Freedom 2035 Fund	Mutual Fund	n/a	n/a	n/a	n/a	n/a	906,473
*	Fidelity Value Fund	Mutual Fund	n/a	n/a	n/a	n/a	n/a	771,471
*	Fidelity Puritan Fund	Mutual Fund	n/a	n/a	n/a	n/a	n/a	735,683
*	Fidelity Freedom 2040 Fund	Mutual Fund	n/a	n/a	n/a	n/a	n/a	723,965
*	Fidelity Freedom 2020 Fund	Mutual Fund	n/a	n/a	n/a	n/a	n/a	630,584
*	Fidelity Dividend Growth Fund	Mutual Fund	n/a	n/a	n/a	n/a	n/a	615,330
*	Fidelity Real Estate Investment Portfolio Fund	Mutual Fund	n/a	n/a	n/a	n/a	n/a	551,284
*	Spartan International Market Index Fund - Advantage Class	Mutual Fund	n/a	n/a	n/a	n/a	n/a	464,851
*	Spartan Extended Market Index Fund - Advantage Class	Mutual Fund	n/a	n/a	n/a	n/a	n/a	435,475
*	Fidelity Small Cap Value Fund	Mutual Fund	n/a	n/a	n/a	n/a	n/a	423,859
*	Spartan US Bond	Mutual Fund	n/a	n/a	n/a	n/a	n/a	393,089
*	Fidelity Large Cap Stock Fund	Mutual Fund	n/a	n/a	n/a	n/a	n/a	389,618
*	T. Rowe Price Equity Income Fund Advisor Class	Mutual Fund	n/a	n/a	n/a	n/a	n/a	384,960
	Invesco Developing Markets CL A	Mutual Fund	n/a	n/a	n/a	n/a	n/a	371,946
*	Fidelity Freedom Income Fund	Mutual Fund	n/a	n/a	n/a	n/a	n/a	371,727
*	Fidelity Freedom 2050 Fund	Mutual Fund	n/a	n/a	n/a	n/a	n/a	361,421
*	Fidelity Freedom 2015 Fund	Mutual Fund	n/a	n/a	n/a	n/a	n/a	239,539
*	Fidelity Freedom 2010 Fund	Mutual Fund	n/a	n/a	n/a	n/a	n/a	164,778
*	Fidelity Freedom 2055 Fund	Mutual Fund	n/a	n/a	n/a	n/a	n/a	108,105
*	Fidelity OTC Portfolio Fund	Mutual Fund	n/a	n/a	n/a	n/a	n/a	-
*	Fidelity Freedom 2000 Fund	Mutual Fund	n/a	n/a	n/a	n/a	n/a	-
	Fidelity Fund	Mutual Fund	n/a	n/a	n/a	n/a	n/a	-
	Thornburg International Value Fund Class R4	Mutual Fund	n/a	n/a	n/a	n/a	n/a	-
*	Fidelity Money Market Trust Retirement Fund	Money Market	n/a	n/a	n/a	n/a	n/a	884,082
*	Participant Loans	Loans to Participants	varies	4%	n/a	varies	-	267,751
								\$ 27,069,866
* Represents a party-in-interest to the Plan								