

FORM D

Notice of Exempt Offering of Securities

U.S. Securities and Exchange Commission

Washington, DC 20549

(See instructions beginning on page 5)

SEC Mail Processing Section

OCT 08 2008

Washington, DC

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884731

OMB APPROVAL

OMB Number: 3235-0076

Expires: September 30, 2008

Estimated average burden hours per response: 4.00

Intentional misstatements or omissions of fact constitute federal criminal offenses, U.S.C. 1001.

Item 1. Issuer's Identity

Name of Issuer

ARIAD Pharmaceuticals, Inc.

Jurisdiction of Incorporation/Organization

Delaware

Year of Incorporation/Organization (Select one)

Over Five Years Ago Within Last Five Years (specify year) Yet to Be Formed

Previous Name(s) None

Entity Type (Select one)

- Corporation Limited Partnership Limited Liability Company General Partnership Business Trust Other (Specify)

(If more than one issuer is filing this notice, check this box and identify additional issuer(s) by attaching Items 1 and 2 Continuation Page(s).)

Item 2. Principal Place of Business and Contact Information

Street Address 1

26 Landsdowne Street

City

Cambridge

State/Province/Country

MA

Street Address 2

ZIP/Postal Code

02139

Phone No.

617-494-0400

PROCESSED

Item 3. Related Persons

Last Name

Berger, M.D.

First Name

Harvey

Middle Name

J.

Street Address 1

c/o ARIAD Pharmaceuticals, Inc.

Street Address 2

26 Landsdowne Street

City

Cambridge

State/Province/Country

MA

ZIP/Postal Code

02139

Relationship(s): Executive Officer Director Promoter

Clarification of Response (if Necessary)



08061584

(Identify additional related persons by checking this box and attaching Item 3 Continuation Page(s).)

Item 4. Industry Group (Select one)

- Agriculture Banking and Financial Services Business Services Energy Health Care Manufacturing Real Estate Construction REITS & Finance Residential Other Real Estate Retailing Restaurants Technology Travel Other

**Item 5. Issuer Size (Select one)**

Revenue Range (for issuer not specifying "hedge" or "other investment" fund in Item 4 above)

- No Revenues
- \$1 - \$1,000,000
- \$1,000,001 - \$5,000,000
- \$5,000,001 - \$25,000,000
- \$25,000,001 - \$100,000,000
- Over \$100,000,000
- Decline to Disclose
- Not Applicable

OR

Aggregate Net Asset Value Range (for issuer specifying "hedge" or "other investment" fund in Item 4 above)

- No Aggregate Net Asset Value
- \$1 - \$5,000,000
- \$5,000,001 - \$25,000,000
- \$25,000,001 - \$50,000,000
- \$50,000,001 - \$100,000,000
- Over \$100,000,000
- Decline to Disclose
- Not Applicable

**Item 6. Federal Exemptions and Exclusions Claimed (Select all that apply)**

- |                                                                  |                                          |                                           |
|------------------------------------------------------------------|------------------------------------------|-------------------------------------------|
| <input type="checkbox"/> Rule 504(b)(1) (not (i), (ii) or (iii)) | <input type="checkbox"/> Section 3(c)(1) | <input type="checkbox"/> Section 3(c)(9)  |
| <input type="checkbox"/> Rule 504(b)(1)(i)                       | <input type="checkbox"/> Section 3(c)(2) | <input type="checkbox"/> Section 3(c)(10) |
| <input type="checkbox"/> Rule 504(b)(1)(ii)                      | <input type="checkbox"/> Section 3(c)(3) | <input type="checkbox"/> Section 3(c)(11) |
| <input type="checkbox"/> Rule 504(b)(1)(iii)                     | <input type="checkbox"/> Section 3(c)(4) | <input type="checkbox"/> Section 3(c)(12) |
| <input type="checkbox"/> Rule 505                                | <input type="checkbox"/> Section 3(c)(5) | <input type="checkbox"/> Section 3(c)(13) |
| <input checked="" type="checkbox"/> Rule 506                     | <input type="checkbox"/> Section 3(c)(6) | <input type="checkbox"/> Section 3(c)(14) |
| <input type="checkbox"/> Securities Act Section 4(6)             | <input type="checkbox"/> Section 3(c)(7) |                                           |

**Item 7. Type of Filing**

- New Notice **OR**  Amendment

Date of First Sale in this Offering:  **OR**  First Sale Yet to Occur

**Item 8. Duration of Offering**

Does the issuer intend this offering to last more than one year?  Yes  No

**Item 9. Type(s) of Securities Offered (Select all that apply)**

- |                                                                                                                      |                                                           |
|----------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|
| <input checked="" type="checkbox"/> Equity                                                                           | <input type="checkbox"/> Pooled Investment Fund Interests |
| <input type="checkbox"/> Debt                                                                                        | <input type="checkbox"/> Tenant-in-Common Securities      |
| <input type="checkbox"/> Option, Warrant or Other Right to Acquire Another Security                                  | <input type="checkbox"/> Mineral Property Securities      |
| <input type="checkbox"/> Security to be Acquired Upon Exercise of Option, Warrant or Other Right to Acquire Security | <input type="checkbox"/> Other (Describe)                 |
- 

**Item 10. Business Combination Transaction**

Is this offering being made in connection with a business combination transaction, such as a merger, acquisition or exchange offer?  Yes  No

Clarification of Response (if Necessary)

Securities (common stock) are being offered in connection with the merger of the Issuer's 80% - owned subsidiary with and into the Issuer. In connection with the merger, a maximum of 2,252,128 shares of the Issuer's common stock will be issued.

Item 11. Minimum Investment

Minimum investment accepted from any outside investor \$ 0

Item 12. Sales Compensation

Recipient

N/A

Recipient CRD Number

No CRD Number

(Associated) Broker or Dealer

None

(Associated) Broker or Dealer CRD Number

No CRD Number

Street Address 1

Street Address 2

City

State/Province/Country

ZIP/Postal Code

States of Solicitation All States

- Grid of checkboxes for states: AL, AK, AZ, AR, CA, CO, CT, DE, DC, FL, GA, HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, MT, NE, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VT, VA, WA, WV, WI, WY, PR

(Identify additional person(s) being paid compensation by checking this box and attaching Item 12 Continuation Page(s).)

Item 13. Offering and Sales Amounts

(a) Total Offering Amount \$ 6,778,905

OR Indefinite

(b) Total Amount Sold \$ 0

(c) Total Remaining to be Sold \$ 6,778,905

OR Indefinite

Clarification of Response (if Necessary)

Total offering amount is based on the maximum number of shares issuable pursuant to the merger (2,252,128) multiplied by the closing price of the Issuer's common stock as reported on the Nasdaq Global Market on September 12, 2008, the day the merger was effected

Item 14. Investors

Check this box if securities in the offering have been or may be sold to persons who do not qualify as accredited investors, and enter the number of such non-accredited investors who already have invested in the offering:

0

Enter the total number of investors who already have invested in the offering:

0

Item 15. Sales Commissions and Finders' Fees Expenses

Provide separately the amounts of sales commissions and finders' fees expenses, if any. If an amount is not known, provide an estimate and check the box next to the amount.

Sales Commissions \$ N/A

Estimate

Clarification of Response (if Necessary)

Finders' Fees \$ N/A

Estimate

Item 16. Use of Proceeds

Provide the amount of the gross proceeds of the offering that has been or is proposed to be used for payments to any of the persons required to be named as executive officers, directors or promoters in response to Item 3 above. If the amount is unknown, provide an estimate and check the box next to the amount.

\$ 0

Estimate

Clarification of Response (if Necessary)

[Empty box for clarification of response]

Signature and Submission

Please verify the information you have entered and review the Terms of Submission below before signing and submitting this notice.

Terms of Submission. In Submitting this notice, each identified issuer is:

Notifying the SEC and/or each State in which this notice is filed of the offering of securities described and undertaking to furnish them, upon written request, in accordance with applicable law, the information furnished to offerees.\*

Irrevocably appointing each of the Secretary of the SEC and the Securities Administrator or other legally designated officer of the State in which the issuer maintains its principal place of business and any State in which this notice is filed, as its agents for service of process, and agreeing that these persons may accept service on its behalf, of any notice, process or pleading, and further agreeing that such service may be made by registered or certified mail, in any Federal or state action, administrative proceeding, or arbitration brought against the Issuer in any place subject to the jurisdiction of the United States, if the action, proceeding or arbitration (a) arises out of any activity in connection with the offering of securities that is the subject of this notice, and (b) is founded, directly or indirectly, upon the provisions of: (i) the Securities Act of 1933, the Securities Exchange Act of 1934, the Trust Indenture Act of 1939, the Investment Company Act of 1940, or the Investment Advisers Act of 1940, or any rule or regulation under any of these statutes; or (ii) the laws of the State in which the issuer maintains its principal place of business or any State in which this notice is filed.

Certifying that, if the issuer is claiming a Rule 505 exemption, the issuer is not disqualified from relying on Rule 505 for one of the reasons stated in Rule 505(b)(2)(iii).

\* This undertaking does not affect any limits Section 102(a) of the National Securities Markets Improvement Act of 1996 ("NSMIA") (Pub. L. No. 104-290, 110 Stat. 3416 (Oct. 11, 1996)) imposes on the ability of States to require information. As a result, if the securities that are the subject of this Form D are "covered securities" for purposes of NSMIA, whether in all instances or due to the nature of the offering that is the subject of this Form D, States cannot routinely require offering materials under this undertaking or otherwise and can require offering materials only to the extent NSMIA permits them to do so under NSMIA's preservation of their anti-fraud authority.

Each identified issuer has read this notice, knows the contents to be true, and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person. (Check this box  and attach Signature Continuation Pages for signatures of issuers identified in Item 1 above but not represented by signer below.)

Issuer(s)

ARIAD Pharmaceuticals, Inc.

Name of Signer

Edward M. Fitzgerald

Signature

[Handwritten signature of Edward M. Fitzgerald]

Title

Senior V.P., Chief Financial Officer

Number of continuation pages attached:

3

Date

10/7/08

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.

Item 3 Continuation Page

Item 3. Related Persons (Continued)

Last Name: Kishbauch      First Name: Michael      Middle Name: D.

Street Address 1: c/o ARIAD Pharmaceuticals, Inc.      Street Address 2: 26 Landsdowne Street

City: Cambridge      State/Province/Country: MA      ZIP/Postal Code: 02139

Relationship(s):  Executive Officer  Director  Promoter

Clarification of Response (if Necessary):

Last Name: LaMarche      First Name: Jay      Middle Name: R.

Street Address 1: c/o ARIAD Pharmaceuticals, Inc.      Street Address 2: 26 Landsdowne Street

City: Cambridge      State/Province/Country: MA      ZIP/Postal Code: 02139

Relationship(s):  Executive Officer  Director  Promoter

Clarification of Response (if Necessary):

Last Name: Lavidas, Ph.D.      First Name: Athanase      Middle Name:

Street Address 1: c/o ARIAD Pharmaceuticals, Inc.      Street Address 2: 26 Landsdowne Street

City: Cambridge      State/Province/Country: MA      ZIP/Postal Code: 02139

Relationship(s):  Executive Officer  Director  Promoter

Clarification of Response (if Necessary):

Last Name: Smith      First Name: Sandford      Middle Name: D.

Street Address 1: c/o ARIAD Pharmaceuticals, Inc.      Street Address 2: 26 Landsdowne Street

City: Cambridge      State/Province/Country: MA      ZIP/Postal Code:

Relationship(s):  Executive Officer  Director  Promoter

Clarification of Response (if Necessary):

(Copy and use additional copies of this page as necessary.)

Item 3 Continuation Page

Item 3. Related Persons (Continued)

Last Name	First Name	Middle Name
Sobel, M.D.	Burton	E.
Street Address 1	Street Address 2	
c/o ARIAD Pharmaceuticals, Inc.	26 Landsdowne Street	
City	State/Province/Country	ZIP/Postal Code
Cambridge	MA	02139
Relationship(s):	<input type="checkbox"/> Executive Officer <input checked="" type="checkbox"/> Director <input type="checkbox"/> Promoter	
Clarification of Response (if Necessary)		

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Last Name	First Name	Middle Name
Wyatt	Elizabeth	H.S.
Street Address 1	Street Address 2	
c/o ARIAD Pharmaceuticals, Inc.	26 Landsdowne Street	
City	State/Province/Country	ZIP/Postal Code
Cambridge	MA	02139
Relationship(s):	<input type="checkbox"/> Executive Officer <input checked="" type="checkbox"/> Director <input type="checkbox"/> Promoter	
Clarification of Response (if Necessary)		

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Last Name	First Name	Middle Name
Allen	Laurie	A.
Street Address 1	Street Address 2	
c/o ARIAD Pharmaceuticals, Inc.	26 Landsdowne Street	
City	State/Province/Country	ZIP/Postal Code
Cambridge	MA	02139
Relationship(s):	<input checked="" type="checkbox"/> Executive Officer <input type="checkbox"/> Director <input type="checkbox"/> Promoter	
Clarification of Response (if Necessary)		

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Last Name	First Name	Middle Name
Clackson, Ph.D.	Timothy	P.
Street Address 1	Street Address 2	
c/o ARIAD Pharmaceuticals, Inc.	26 Landsdowne Street	
City	State/Province/Country	ZIP/Postal Code
Cambridge	MA	02139
Relationship(s):	<input checked="" type="checkbox"/> Executive Officer <input type="checkbox"/> Director <input type="checkbox"/> Promoter	
Clarification of Response (if Necessary)		

Item 3 Continuation Page

Item 3. Related Persons (Continued)

Last Name	First Name	Middle Name
Dodion, M.D.	Pierre	F.
Street Address 1	Street Address 2	
c/o ARIAD Pharmaceuticals, Inc.	26 Landsdowne Street	
City	State/Province/Country	ZIP/Postal Code
Cambridge	MA	02139
Relationship(s): <input checked="" type="checkbox"/> Executive Officer <input type="checkbox"/> Director <input type="checkbox"/> Promoter		
Clarification of Response (if Necessary)		

Last Name	First Name	Middle Name
Fitzgerald	Edward	M.
Street Address 1	Street Address 2	
c/o ARIAD Pharmaceuticals, Inc.	26 Landsdowne Street	
City	State/Province/Country	ZIP/Postal Code
Cambridge	MA	02139
Relationship(s): <input checked="" type="checkbox"/> Executive Officer <input type="checkbox"/> Director <input type="checkbox"/> Promoter		
Clarification of Response (if Necessary)		

Last Name	First Name	Middle Name
Iuliucci, Ph.D.	John	D.
Street Address 1	Street Address 2	
c/o ARIAD Pharmaceuticals, Inc.	26 Landsdowne Street	
City	State/Province/Country	ZIP/Postal Code
Cambridge	MA	02139
Relationship(s): <input checked="" type="checkbox"/> Executive Officer <input type="checkbox"/> Director <input type="checkbox"/> Promoter		
Clarification of Response (if Necessary)		

Last Name	First Name	Middle Name
Berstein	David	L.
Street Address 1	Street Address 2	
c/o ARIAD Pharmaceuticals, Inc.	26 Landsdowne Street	
City	State/Province/Country	ZIP/Postal Code
Cambridge	MA	02139
Relationship(s): <input checked="" type="checkbox"/> Executive Officer <input type="checkbox"/> Director <input type="checkbox"/> Promoter		
Clarification of Response (if Necessary)		

END