

Doyle John J Jr  
Form 4  
March 25, 2010

**FORM 4**

**UNITED STATES SECURITIES AND EXCHANGE COMMISSION**  
**Washington, D.C. 20549**

Check this box  
if no longer  
subject to  
Section 16.  
Form 4 or  
Form 5  
obligations  
may continue.  
*See Instruction*  
1(b).

**STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF  
SECURITIES**

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,  
Section 17(a) of the Public Utility Holding Company Act of 1935 or Section  
30(h) of the Investment Company Act of 1940

## OMB APPROVAL

OMB  
Number: 3235-0287  
Expires: January 31,  
2005  
Estimated average  
burden hours per  
response... 0.5

(Print or Type Responses)

1. Name and Address of Reporting Person \*  
Doyle John J Jr

2. Issuer Name **and** Ticker or Trading  
Symbol  
BROOKLINE BANCORP INC  
[brkl]

5. Relationship of Reporting Person(s) to  
Issuer

(Check all applicable)

(Last) (First) (Middle)

160 WASHINGTON STREET

(Street)

3. Date of Earliest Transaction  
(Month/Day/Year)  
03/24/2010

☒ Director ☐ 10% Owner  
☐ Officer (give title below) ☐ Other (specify below)

BROOKLINE, MA 02445

(City) (State) (Zip)

4. If Amendment, Date Original  
Filed(Month/Day/Year)

6. Individual or Joint/Group Filing(Check  
Applicable Line)  
☒ Form filed by One Reporting Person  
☐ Form filed by More than One Reporting  
Person

**Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned**

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)	4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Ownership (Instr. 4)
				(A) or (D)			
				Code V Amount (D) Price			
Common stock					6,000	I	Owned by trusts for which Mr. Doyle is trustee.

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

**Persons who respond to the collection of  
information contained in this form are not  
required to respond unless the form  
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number.**

SEC 1474  
(9-02)

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**Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned**  
(e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transaction Code (Instr. 8)	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)	7. Title and Amount of Underlying Securities (Instr. 3 and 4)	8. Title and Amount of Underlying Securities (Instr. 3 and 4)
Stock option	\$ 10.78	03/24/2010		A	5,000	12/31/2010 03/24/2020	Common stock	5,000

## Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
Doyle John J Jr 160 WASHINGTON STREET BROOKLINE, MA 02445		X		

## Signatures

Paul R. Bechet, Power of Attorney  
03/25/2010  
 \*\*Signature of Reporting Person Date

## Explanation of Responses:

\* If the form is filed by more than one reporting person, see Instruction 4(b)(v).

\*\* Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.  
 Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number. own to be a major independent risk factor for cardiovascular disease, said Jean-Pierre Després, principal investigator for RIO-Lipids and Professor in the Department of Food Sciences and Nutrition and Medicine at Laval University, and Director of Research at the Quebec Heart Institute located at the Laval Hospital Center in Quebec City, Canada. While the weight loss seen was clinically relevant, what is truly remarkable in this study was the significant effect that rimonabant had on improving associated cardiovascular risk factors such as waist circumference, and glucose and lipid profiles.

### **STRATUS-US Study Findings**

STRATUS-US enrolled 787 smokers in a double-blind, placebo-controlled study, conducted in 11 clinical trial sites throughout the United States. Patients enrolled in the study smoked 23 cigarettes/day on average, were motivated to quit, and had, previously failed to quit on an average of four prior attempts. Patients were randomly assigned into one of three treatment groups (ACOMPLIA 5 mg or 20 mg or placebo) with weekly counseling.

Patients were treated for 10 weeks. During the first two weeks of the study, patients were allowed to smoke while initiating treatment but were given a target quit date at day 15. Abstinence from tobacco during the last four weeks of the 10 week treatment was reported by subjects and confirmed by carbon monoxide concentrations in expired air ( $\leq 10$  ppm) and by plasma cotinine levels the principal nicotine metabolite ( $\leq 8$   $\mu\text{g/L}$ ).

Study results showed that rimonabant 20 mg doubled the odds of quitting vs. placebo ( $p=0.002$ ). 36.2% of patients treated with ACOMPLIA 20 mg and having completed the study quit smoking when compared with 20.6% of patients treated with placebo. 20.2% of patients treated with ACOMPLIA 5 mg quit smoking. On average patients lost 0.3 kg (just over half a pound) on ACOMPLIA 20 mg vs. a 1.1kg (2.4 lb) weight gain for patients on placebo ( $p<0.001$ ).

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While those patients who were overweight or obese lost weight when treated with rimonabant 20 mg, normal weight patients did not.

In this study ACOMPLIA was well tolerated in this patient population. The most frequent side effects, mainly mild and transient, were nausea (9.2%, 8.8% and 15.7% for placebo, rimonabant 5 mg and rimonabant 20 mg respectively) and upper respiratory tract infections (5.7%, 11.1% and 10% for placebo, rimonabant 5 mg and rimonabant 20 mg respectively). Importantly the study raised no cardiovascular safety concerns for rimonabant and no differences were observed in the three groups with regard to depression and anxiety scores as measured by the Hospital Anxiety and Depression (HAD) scale. Drop-outs due to side effects were 3.8%, 5.7% and 6.9% for placebo, rimonabant 5 mg and rimonabant 20 mg respectively. There was no difference in the overall drop-out rate between the rimonabant and placebo groups (27.9%, 31.2% and 28.2% for placebo, rimonabant 5 mg and rimonabant 20 mg respectively).

Smoking is one of the leading modifiable risk factors for heart disease and we have very few medications available to help people stop smoking, said Robert Anthenelli, M.D., principal investigator of the STRATUS-US trial and associate Professor of Psychiatry at the University of Cincinnati College of Medicine. STRATUS-US suggests that rimonabant may have a distinctive dual effect that could prove to be critical in helping patients to quit smoking while reducing the likelihood of weight gain.

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### **ACOMPLIA (rimonabant) Clinical Development Program**

The Phase III program on ACOMPLIA includes seven clinical trials that are part of two clinical development programs. The RIO (Rimonabant In Obesity) Program has enrolled over 6,600 overweight/obese patients worldwide in four clinical trials designed to explore the role of ACOMPLIA in obesity management weight loss/weight maintenance; prevention of weight regain after prior weight loss; and improvement of obesity-related risk factors such as diabetes and dyslipidemia. RIO-North America and RIO-Europe are two-year studies. RIO-Lipids and RIO-Diabetes are one-year studies.

The STRATUS (STudies with Rimonabant And Tobacco USe) Program has enrolled over 6,500 patients in three Phase III trials worldwide. The studies are designed to explore the role of ACOMPLIA in smoking cessation and long-term abstinence and prevention of weight gain upon smoking cessation. STRATUS-US and STRATUS-EU are 10-week studies with a 42-week follow-up off treatment. STRATUS-WW is a one-year study with a one-year follow-up off treatment.

Rimonabant phase III programs in obesity and smoking cessation are due to be completed at the end of 2004; the product is yet non-approved for marketing.

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**Forward-Looking Statements**

*This press release contains statements that constitute forward-looking statements within the meaning of the U.S. Private Securities Litigation Reform Act of 1995. Forward-Looking statements are statements that are not historical facts. These statements include financial projections and estimates and their underlying assumptions, statements regarding plans, objectives and expectations with respect to future operations, products and services, and statements regarding future performance. Forward-looking statements are generally identified by the words expect, anticipates, believes, intends, estimates and similar expressions. Although Sanofi-Synthélabo's management believes that the expectations reflected in such forward-looking statements are reasonable, investors are cautioned that forward-looking information and statements are subject to various risks and uncertainties, many of which are difficult to predict and generally beyond the control of Sanofi-Synthélabo, that could cause actual results and developments to differ materially from those expressed in, or implied or projected by, the forward-looking information and statements. The following factors, among other risks and uncertainties that are described in our Form 20-F as filed with the SEC on June 25, 2003 and in the Reference Document filed with the French Commission des Opérations de Bourse (now the Autorité des Marchés Financiers) on April 23, 2003, could cause actual results to differ materially from those described in the forward-looking statements: the ability of Sanofi-Synthélabo to expand its presence profitably in the United States; the success of Sanofi-Synthélabo's research and development programs; the ability of Sanofi-Synthélabo to protect its intellectual property rights; and the risks associated with reimbursement of health care costs and pricing reforms, particularly in the United States and Europe. Sanofi-Synthélabo does not undertake any obligation to provide updates or to revise any forward-looking statements.*

***Investors and security holders may obtain a free copy of the Form 20-F and any other documents filed by Sanofi-Synthélabo with the SEC at [www.sec.gov](http://www.sec.gov) as well as of the Reference Document filed with the French Autorité des Marchés Financiers at [www.amf-france.org](http://www.amf-france.org) or directly from Sanofi-Synthélabo on our web site at: [www.sanofi-synthelabo.com](http://www.sanofi-synthelabo.com).***

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**SIGNATURES**

Pursuant to the requirements of the Securities Exchange Act of 1934, the registrant has duly caused this report to be signed on its behalf by the undersigned, thereunto duly authorized.

Dated: March 9, 2004

SANOFI-SYNTHÉLABO

By: /s/ Marie-Hélène Laimay

Name: Marie-Hélène Laimay

Title: Senior Vice President and  
Chief Financial Officer