

PATENT ASSIGNMENT COVER SHEET

Electronic Version v1.1
 Stylesheet Version v1.2

EPAS ID: PAT3551729

SUBMISSION TYPE:	NEW ASSIGNMENT	
NATURE OF CONVEYANCE:	CHANGE OF ADDRESS	
SEQUENCE:	5	
CONVEYING PARTY DATA		
	Name	Execution Date
	ACORDA THERAPEUTICS, INC.	06/20/2014
RECEIVING PARTY DATA		
Name:	ACORDA THERAPEUTICS, INC.	
Street Address:	420 SAW MILL RIVER ROAD	
City:	ARDSLEY	
State/Country:	NEW YORK	
Postal Code:	10502	
PROPERTY NUMBERS Total: 1		
	Property Type	Number
	Application Number:	14844475
CORRESPONDENCE DATA		
Fax Number:	(617)542-2241	
<i>Correspondence will be sent to the e-mail address first; if that is unsuccessful, it will be sent using a fax number, if provided; if that is unsuccessful, it will be sent via US Mail.</i>		
Phone:	(617) 542-6000	
Email:	jfoley@mintz.com	
Correspondent Name:	SHOVON ASHRAF	
Address Line 1:	1 FINANCIAL CENTER	
Address Line 2:	MINTZ LEVIN	
Address Line 4:	BOSTON, MASSACHUSETTS 02111	
ATTORNEY DOCKET NUMBER:	43509-501C03US	
NAME OF SUBMITTER:	SHOVON ASHRAF	
SIGNATURE:	/Shovon Ashraf/	
DATE SIGNED:	10/01/2015	
Total Attachments: 1		
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Affidavit of Address Change

I/We, the undersigned, do hereby certify that the principal office/residence of Acorda Therapeutics, Inc. was changed from 15 Skyline Drive, Hawthorne, New York 10532, to 420 Saw Mill River Road, Ardsley, New York 10502, as of July 1, 2012.

In Witness Whereof,

I have set my hand hereto this 20 day of June 2014.

By:

Name:

Carol M. Gruppi

Title:

Senior Director, Intellectual Property

IN WITNESS WHEREOF, I, Jack Rosa, hereby declare
(Printed Name of Witness)

that I was personally present and did see the above named person duly sign and execute the affidavit.

Jack Rosa
(Signature of Witness)

Date:

20-Jun-2014

IN WITNESS WHEREOF, I, Nelida Catania, hereby declare
(Printed Name of Witness)

that I was personally present and did see the above named person duly sign and execute the affidavit.

Nelida Catania
(Signature of Witness)

Date:

June 20, 2014