FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL								
OMB Number:	3235-0287							
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hours per response:	0.5							

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

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

Name and Address of Reporting Person* Slichenmyer William (Last) (First) (Middle)							2. Issuer Name and Ticker or Trading Symbol AVEO PHARMACEUTICALS INC [AVEO] 3. Date of Earliest Transaction (Month/Day/Year)								tionship of Reporting all applicable) Director Officer (give title below)		Person(s) to Issue 10% Own Other (sp below)		wner specify	
C/O AVEO PHARMACEUTICALS, INC.						10/20/2010									Chief Medical Officer					
75 SIDNEY STREET						4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street) CAMBRIDGE MA 02139 (City) (State) (Zip)															Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City)	(8)			ive Securities Acquired, Disposed of, or Benefic										_						
			le I - N						_	, D				ally C						
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Y						Exec if an	у	ed Date, y/Year)	3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 at			Benef Owne		ties cially d Following	Form:	nership Direct Indirect etr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
										v	Amount	(A) or (D)	Price			ted action(s) 3 and 4)				
Common Stock 10/19/20									M		3,000	A	\$9.6	54	3,000			D		
Common Stock 10/19/20					2010	10			S ⁽¹⁾		3,000	D	\$15.20	55(2)		0	1	D		
		Т	able II								oosed of converti				ned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	if any	emed ion Date, /Day/Year)	4. Transac Code (Ir 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exerci Expiration Dat (Month/Day/Yo		te	7. Title and Amou of Securities Underlying Derivative Securit (Instr. 3 and 4)		of Deri Sec	rice ivative urity tr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4	wnership orm: rect (D) Indirect	Beneficial Ownership (Instr. 4)	
					Code	ode V		(D)	Date Exercisal	ble	Expiration Date	Title	Amount or Number of Shares							
Stock Option (right to buy)	\$9.64	10/19/2010			M			3,000	(3)		10/08/2019	Common Stock	3,000		\$0	184,500		D		

Explanation of Responses:

- $1.\ The\ sale\ reported\ in\ this\ Form\ 4\ was\ effected\ pursuant\ to\ a\ Rule\ 10b5-1\ trading\ plan\ adopted\ by\ the\ reporting\ person\ on\ September\ 13,\ 2010.$
- 2. The price reported in this Column 4 is a weighted average price. The shares were sold in multiple transactions at prices ranging from \$15.20 to \$15.25, inclusive. The reporting person undertakes to provide AVEO Pharmaceuticals, Inc., any security holder of AVEO Pharmaceuticals, Inc., or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares sold at each price within the range set forth in this footnote.
- 3. The option vests as to 25% of the shares on September 14, 2010 and in equal monthly installments thereafter as to the remaining shares through September 14, 2013.

/s/ William Slichenmyer, MD 10/20/2010

** Signature of Reporting Person

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

- * If the form is filed by more than one reporting person, see Instruction 4 (b)(v).
- ** Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

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