

PUBLIC DECLARATION OF INTERESTS OF EMEA STAFF MEMBERS

Name and Surname: MARIE	-HELENE PINITEIRO	
Position: SciENTIFIC	ADMINIS RATOR	2,6
Please list below all interests in th		5.
	itical industry during the past five	years. Please specify the dates:
Previous year: Yes \(\sigma\) No \(\sigma\)	* 8	
Name of company + product nam	ne (please specify dates):H.IA	***************************************
More than 1 year ago but less tha	_	
Name of company + product name	ne (please specify dates):	
More than 3 years ago ² : Yes \Box		included supplemental in a contract of con
More than 5 years ago: 1 es	ne (please specify dates):	5 9 ° 9 5
Name of company + product name	al of a pharmaceutical company ³ :	NIA
	E	
Name of company: Type of shares or financial	Number of shares	Date acquired or sold
interests	y	(please specify which)
4 Other interests or facts wheth	ndustry during the past five years. er or not related to the pharmaceu Agency and the public, including	tical industry ⁴ which you consider matters relating to the members of
your household ⁵ :	8 2	8 X X 8
I, MARTE HELENE P the best of my knowledge, the onl any other industry interest directly	y direct or indirect interests I have	reby declare on my honour that, to in the pharmaceutical industry or
	# <u>Ş</u> ⊈	
I further declare that should any contenests that should be made known public declaration of interests.	changes occur and should it appea wn to the Agency, I shall forthwith	r that I have or acquire additional declare them and complete a new
I further declare that should any contenests that should be made known public declaration of interests.	changes occur and should it appears with the Agency, I shall forthwith required by changing circumstance.	r that I have or acquire additional declare them and complete a new sees and to confirm the information
I further declare that should any content interests that should be made known public declaration of interests. I undertake to update this form as	changes occur and should it appears with the Agency, I shall forthwith required by changing circumstance.	r that I have or acquire additional declare them and complete a new

be declared.

If you have no interests for the relevant section, please indicate "none".

Information relating to interests older than 5 years need not be provided.

BMEA staff must inform Administration of any changes occurring (sales, purchase etc. For sales only those in the past five years)

For example a staff member formerly in an IT company and who was now employed at the EMEA in the IT sector and where the company had links with the IT sector or was awarded contracts should declare this former employment as an indirect interest.

A household member means: spouse, partner or child living at the same address as the staff member. The names of these persons need not be declared.

,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Name	Pinheiro Marie-Helene	Division Name	(
imployment in the Pharmaceutical industry during the past five years. Please specify dates ² : Impany Name Product Name Date From Date To Impany Name Date From Date To Impany Name Date From Date To Impany Name Product Name Date From Date To Impany Name Product Name Date From Date To Impany Name Date From Date To Impany Name Date From Date To Impany Name Product Name Date From Date To Impany Name Date From Date To Impany Name Product Name Date From Date To Impany Name Product Name Date To Impany Name Date To Impany Name Date From Date To Impany Name Date From Date To Impany Name Date From Date To Impany Name Date To Impany Na	Position	Administrator	Organisational Entit	Regulatory Affairs	;
ompany Name Product Name Date From Date To One] Financial interests in the capital of a pharmaceutical company ³ : ype Of Shares Or Financial Interest Number Of Shares Date Aquired Date Sold One] Work you previously carried out in return for payment, including paid/unpaid traineeships, on behalf of the pharma	e Signed	09/12/2009	Risk Leve	n/a	
Pre Of Shares Or Financial Interest Number Of Shares Date Aquired Date Sold	ompany l				Date To
	ype Of Sh			Date Aquired	Date Sold
	Type Of Sh None]	ares Or Financial Interest	Number Of Shares for payment, including paid/unpaid tra		
. Other interests or facts whether or not related to the pharmaceutical industry ⁴ which you consider should be made ne Agency and the public, including matter relating to members of your household ⁵ .	Type Of Sh None] . Work you dustry du	previously carried out in return fring the past five years. (Please s	Number Of Shares for payment, including paid/unpaid tra pecify dates). ated to the pharmaceutical industry ⁴ w	ineeships, on behalf of	f the pharma

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- I undertake to update this form as required by changing circumstances and to confirm the information declared in the current form vearly.



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	Pinheiro Marie-Helene	Division Name	Human Medicines	kesearch &
Position	Administrator	Organisational Entity	Regulatory Affairs	10
te Signed	31/08/2010	Risk Level	n/a	
. Employme Company M		y during the past five years. Please spec Product Name	ify dates ² : Date From	Date To
	interests in the capital of a pharn ares Or Financial Interest	naceutical company ³ : Number Of Shares	Date Aquired	Date Sold
None]				

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Name	Pinheiro Marie-Helene		Division Name	Human Medicines	Research &
Position	Administrator		Organisational Entity	Regulatory Affairs	3
ate Signed	21/07/2011		Risk Level	Level 1	
	and in the Phanes and in Finding	d	S. S	2	
Company l	ent in the Pharmaceutical indus Name	Product Na		Date From	Date To
[None]					
	interests in the capital of a pharares Or Financial Interest	rmaceutical comp Number Of		Date Aquired	Date Sold
Type Of Sh				Date Aquired	Date Sold
Type Of Sh [None] 3. Work you industry du		Number Of	Shares		
Type Of Sh [None] 3. Work you industry during [None] 4. Other into	ares Or Financial Interest previously carried out in return	Number Of for payment, inc specify dates).	Shares Juding paid/unpaid train	eeships, on behalf of	f the pharmaceution

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	Pinheiro Marie-Helene	Division Name	Human Medicines	Research &
Position	Administrator	Organisational Entity	Regulatory Affairs	5
e Signed	03/07/2012	Risk Leve	Level 1	
. Employm		ry during the past five years. Please spe	ecify dates²:	Date To
lone]				
	interests in the capital of a phari ares Or Financial Interest	maceutical company ³ : Number Of Shares	Date Aquired	Date Sold
None]				
			ineeships, on behalf of	

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osition	r		Human Medicines	
	Administrator	Organisational Entity	Regulatory Affairs	i
e Signed	10/07/2013	Risk Level	Level 1	
Employme ompany N one]		Product Name	Date From	Date To
	interests in the capital of a phar ares Or Financial Interest	rmaceutical company ³ : Number Of Shares	Date Aquired	Date Sold
	previously carried out in return ing the past five years. (Please s	for payment, including paid/unpaid train- specify dates).	eeships, on behalf of	the pharmace

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Name	Pinheiro Marie-Helene	Division Name	Human Medicines	, Research &
Position	Administrator	Organisational Entity	Regulatory Affairs	3
e Signed	23/07/2014	Risk Leve	Level 1	
. Employmo Company N		try during the past five years. Please spe Product Name	cify dates²:	Date To
		II'		
	interests in the capital of a pha ares Or Financial Interest	rmaceutical company ³ : Number Of Shares	Date Aquired	Date Sold
			Date Aquired	Date Sold

The first of my husband seems to be sometime be working as consultant for pharmaceutical industry.

When meeting in family reunion do not speak about this so do not know the exact status of activities/whether still on activity etc...

Was advised in previous years by HR not needing to declare as not a member of household.

- I Pinheiro Marie-Helene do hereby declare on my honour that, to the best of my knowledge, the only direct or indirect interests I have in the pharmaceutical industry or any other industry interest directly related to my job at the EMA are those listed above.
- I further declare that should any changes occur and should it appear that I have or acquire additional interests that should be made known to the Agency, I shall forthwith declare them and complete a new public declaration of interests.
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