Edgar Filing: GILEAD SCIENCES INC - Form 4

| GILEAD SCIENCES INC Form 4 July 03, 2017 | | | | |
|---|------------------|--|--|--|
| | STATES S | SECURITIES AND EXCHANGE | COMMISSION | OMB APPROVAL |
| Check this box if no longer subject to Section 16. Form 4 or Form 5 Filed pu | MENT OF (| Washington, D.C. 20549 CHANGES IN BENEFICIAL OW SECURITIES | NERSHIP OF | Number:3235-0287Number:January 31, 2005Expires:2005Estimated average burden hours per response0.5 |
| obligations | (a) of the Pu | ublic Utility Holding Company Act of 19 | of 1935 or Section | |
| (Print or Type Responses) | | | | |
| 1. Name and Address of Reporting MOORE NICHOLAS G | S | 2. Issuer Name and Ticker or Trading Symbol | 5. Relationship of R Issuer | Reporting Person(s) to |
| (Last) (First) 333 LAKESIDE DRIVE | (Middle) 3. | GILEAD SCIENCES INC [GILD] 6. Date of Earliest Transaction Month/Day/Year) 06/29/2017 | X Director Officer (give tit | |
| (Street) | 4. | If Amendment, Date Original | Applicable Line) _X_ Form filed by On | below) nt/Group Filing(Check ne Reporting Person ore than One Reporting |
| FOSTER CITY, CA 94404 (City) (State) | (Zip) | | Person | |
| 1.Title of 2. Transaction Date Security (Month/Day/Year) (Instr. 3) | - | ate, if TransactionAcquired (A) or Code Disposed of (D) /Year) (Instr. 8) (Instr. 3, 4 and 5) (A) | 5. Amount of 6. 0 Securities For Beneficially (D) Owned (I) | Ownership 7. Nature of rm: Direct Indirect) or Indirect Beneficial |
| Reminder: Report on a separate lin | e for each class | information conta required to respon | indirectly. bond to the collection ined in this form and unless the form tly valid OMB contr | re not (9-02) |

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

| 1. Title of | 2. | 3. Transaction Date | 3A. Deemed | 4. | 5. Number of | 6. Date Exercisable and | 7. Title and Amount of |
|-------------|-------------|---------------------|--------------------|------------|-----------------|-------------------------|------------------------|
| Derivative | Conversion | (Month/Day/Year) | Execution Date, if | Transactio | orDerivative | Expiration Date | Underlying Securities |
| Security | or Exercise | | any | Code | Securities | (Month/Day/Year) | (Instr. 3 and 4) |
| (Instr. 3) | Price of | | (Month/Day/Year) | (Instr. 8) | Acquired (A) or | | |

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| | Derivative Security | | | | Disposed of ((Instr. 3, 4, at 5) | | | | | |
|----------------------|------------------------|------------|------|---|--------------------------------------|-----|---------------------|--------------------|-----------------|----------------------------------|
| | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares |
| Phantom Stock (1) | \$ 0 | 06/29/2017 | А | | 189.6079 (2) | | (3) | <u>(3)</u> | Common Stock | 189.6079 |

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | | |
|---|---------------|-------------|---------|-------|------------|--|
| | Director | 10% Owner | Officer | Other | | |
| MOORE NICHOLAS G 333 LAKESIDE DRIVE FOSTER CITY, CA 94404 | Х | | | | | |
| Signatures | | | | | | |
| /s/ Marissa Song by Power of A Moore | Attorney f | or Nicholas | G. | | 07/03/2017 | |

**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).
- (1) Each share of phantom stock is the economic equivalent of one share of Gilead common stock.
- Phantom shares accrued under dividend equivalent rights, which are settled in shares and distributed with the phantom stock units to (2)which they relate.
- The shares of phantom stock are fully vested and, at the election of the reporting person, become payable in common stock at a later date (3) identified by the reporting person.

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.