Edgar Filing: HALOZYME THERAPEUTICS INC - Form 4

| HALOZYM Form 4 June 16, 201 | IE THERAPEUT | ICS INC | | | | | | | | | |
|---|-------------------------|----------------|--|--|-------------|-------------------------------------|--|--|------------------|-------------------------|--|
| FORM | ЛД | | | | | | | | | PPROVAL | |
| Washington, D.C. 20549 | | | | | | | N OMB Number: | 3235-0287 | | | |
| Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b). Check this box if no longer STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES 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 | | | | | | | | urs per | | | |
| (Print or Type | Responses) | | | | | | | | | | |
| 1. Name and Address of Reporting Person <u>*</u> Stelzer Laurie | | | 2. Issuer Name and Ticker or Trading Symbol HALOZYME THERAPEUTICS INC [HALO] | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | |
| | · · · · | | | of Earliest Tr Day/Year) 2015 | ransaction | | | Director X Officer (giv below) | | % Owner her (specify | |
| | | | | If Amendment, Date Original led(Month/Day/Year) | | | | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting | | | |
| | | (7) | | | | | | Person | | | |
| (City) | (State) | (Zip) | Tab | ole I - Non-I | Derivative | Secur | ities A | cquired, Disposed of | of, or Beneficia | lly Owned | |
| 1.Title of Security2. Transaction Date (Month/Day/Year)2A. Deemed Execution Date any (Month/Day/(Instr. 3)any (Month/Day/ | | Date, if | Code Disposed of (D) r) (Instr. 8) (Instr. 3, 4 and 5) (A) or | |) | Securities Beneficially Owned | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |
| | | | | Code V | | | Price | · · · · | | | |
| Reminder: Rep | port on a separate line | e for each cla | ass of sec | urities benef | ficially ow | ned di | rectly o | or indirectly. | | | |

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 control number.

 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. Transactio Code (Instr. 8) | 5. Number of orDerivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amour Underlying Securi (Instr. 3 and 4) | |
|---|---|---|---|--|---|--|--------------------|---|--------------------|
| | | | | Code V | (A) (D) | Date Exercisable | Expiration Date | Title | Amo Num Shar |
| Options to Purchase Common Stock | \$ 20.43 | 06/15/2015 | | A | 225,000 | 06/15/2016 <u>(1)</u> | 06/15/2025 | Common Stock | 225 |
| Restricted Stock Units | \$ 0 | 06/15/2015 | | А | 27,500 | 06/15/2016 <u>(2)</u> | 06/15/2025 | Common Stock | 27 |

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Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | |
|--|---------------|-----------|----------|-------|--|
| | Director | 10% Owner | Officer | Other | |
| Stelzer Laurie C/O HALOZYME THERAPEUTICS, INC. 11388 SORRENTO VALLEY ROAD SAN DIEGO, CA 92121 | | | SVP, CFO | | |

Signatures

Laurie Stelzer 06/16/2015

**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) This option vests one-fourth on such date and then 1/48 monthly thereafter.
- (2) This award vests one-fourth on such date and then one-fourth on each anniversary thereafter.

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.