Edgar Filing: HALOZYME THERAPEUTICS INC - Form 4

HALOZYME THERAPEUTICS INC Form 4 August 07, 2015 OMB APPROVAL FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION OMB 3235-0287 Washington, D.C. 20549 Number: Check this box January 31, Expires: if no longer 2005 STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF subject to Estimated average **SECURITIES** Section 16. burden hours per Form 4 or response... 0.5 Form 5 Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, obligations Section 17(a) of the Public Utility Holding Company Act of 1935 or Section may continue. 30(h) of the Investment Company Act of 1940 See Instruction 1(b). (Print or Type Responses) 1. Name and Address of Reporting Person * 5. Relationship of Reporting Person(s) to 2. Issuer Name and Ticker or Trading Henderson Jeffrey William Issuer Symbol HALOZYME THERAPEUTICS (Check all applicable) INC [HALO] (Last) (First) (Middle) 3. Date of Earliest Transaction X_ Director 10% Owner Officer (give title Other (specify (Month/Day/Year) below) below) C/O HALOZYME 08/05/2015 THERAPEUTICS, INC., 11388 SORRENTO VALLEY ROAD (Street) 4. If Amendment, Date Original 6. Individual or Joint/Group Filing(Check Filed(Month/Day/Year) Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting SAN DIEGO, CA 92121 Person (City) (State) (Zip) Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned 1.Title of 2. Transaction Date 2A. Deemed 3. 4. Securities 5. Amount of 6. Ownership 7. Nature of Security (Month/Day/Year) Execution Date, if TransactionAcquired (A) or Securities Form: Direct Indirect (Instr. 3) Disposed of (D) Beneficially (D) or Beneficial anv Code (Month/Day/Year) (Instr. 8) (Instr. 3, 4 and 5) Owned Indirect (I) Ownership Following (Instr. 4) (Instr. 4) Reported (A) Transaction(s) or (Instr. 3 and 4) Code V Price Amount (D) Common 6,405 08/05/2015 \$0 D A A 6,405 (1)Stock

Reminder: Report on a separate line for each class of securities beneficially owned directly 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. Transacti Code (Instr. 8)	5. ionNumber of Derivativ Securities Acquired	5		7. Title and Amount of Underlying Securities (Instr. 3 and	 8. Price of Derivative Security (Instr. 5) 4) 	9. Nu Deriv Secu Bene Owne Follo
					(A) or Disposed of (D) (Instr. 3,					Repo Trans (Instr
					4, and 5)	Date Exercisable	Expiration Date	Amou or Title Numb of		
Dene	utin a O			Code V	/ (A) (D)			Share	'S	

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Reporting Owners

1 S S

Reporting Owner Name / Address	Relationships					
	Director 10% Owner		Officer	Other		
Henderson Jeffrey William C/O HALOZYME THERAPEUTICS, INC. 11388 SORRENTO VALLEY ROAD SAN DIEGO, CA 92121	Х					
Signatures						
/s/ James R. Oehler, attorney-in-fact for Jeffre Henderson	ey W.		08/07/2015			
**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).
- Represents initial restricted stock grant upon becoming a member of the Company's Board of Directors pursuant to the Director's (1) Compensation Program. This grant will vest in 1/3rd increments on November 5, 2015, February 5, 2016 and the earlier of (i) the first anniversary of the grant date and (ii) the date of the Company's 2016 annual meeting of stockholders.

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.