Edgar Filing: HALOZYME THERAPEUTICS INC - Form 4

HALOZYME Form 4 May 06, 2016	E THERAPEU	TICS INC											
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION									-	OMB APPROVAL			
UNITED STATES SE				ECURITIES AND EXCHANGE CO Washington, D.C. 20549				COMMISSION	OMB Number:	3235-0287			
Check this if no long subject to Section 10	er STATI	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES								Expires: January 31 2005 Estimated average burden hours per			
Form 4 or Form 5 obligations may continue Filed pursuant to Section 16(a) of the Section 17(a) of the Public Utility Hold					burden hours per response of the Securities Exchange Act of 1934, Holding Company Act of 1935 or Section ment Company Act of 1940								
(Print or Type R	esponses)												
MATSUI CONNIE Symbol HALO			Symbol	er Name and Ticker or Trading ZYME THERAPEUTICS IALO1				5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
(Last) (First) (Middle) 3. Date of (Month/L			-				X Director Officer (give below)		o Owner er (specify				
	(Street)	(Street) 4. If Amendment, Date Original Filed(Month/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person							
SAN DIEGO), CA 92121							Form filed by M Person	Nore than One Re	porting			
(City)	(State)	(Zip)	Table	e I - Non-I	Derivative	Securit	ties Acq	uired, Disposed of	f, or Beneficial	ly Owned			
1.Title of Security (Instr. 3)	2. Transaction E (Month/Day/Ye	ar) Executio any	med n Date, if Day/Year)	3. Transacti Code (Instr. 8) Code V	ion(A) or D (D) (Instr. 3, 7 Amount	4 and 4 (A) or	l of	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)				
Common Stock	05/04/2016			А	20,202 (1)	А	\$0	223,253	D				

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 Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)			7. Titl Amou Under Securi (Instr.	nt of lying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date		Amount or Number of Shares		

Reporting Owners

1 S S

Reporting Owner Name / Address	Relationships					
	Director	10% Owner	Officer	Other		
MATSUI CONNIE C/O HALOZYME THERAPEUTICS, INC. 11388 SORRENTO VALLEY ROAD SAN DIEGO, CA 92121	Х					
Signatures						
/s/ James R. Oehler as attorney-in-fact for Co Matsui	onnie	05/06/2016				
**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 annual restricted stock grant under the Issuer's director compensation program. This grant will vest in full on the earlier of (i) (1) May 4, 2017 and (ii) the date of the Issuer's next 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.