HALOZYME THERAPEUTICS INC

Form 4 January 04, 2016

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

OMB APPROVAL OMB

3235-0287 Number: January 31,

Expires: 2005 Estimated average

10% Owner

0.5

burden hours per response...

Check this box if no longer subject to Section 16. Form 4 or

SECURITIES

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 * Countouriotis Athena

2. Issuer Name and Ticker or Trading Symbol

5. Relationship of Reporting Person(s) to Issuer

HALOZYME THERAPEUTICS INC [HALO]

(Check all applicable)

(Last) (First) (Middle)

3. Date of Earliest Transaction (Month/Day/Year)

12/31/2015

Other (specify X_ Officer (give title below)

C/O HALOZYME THERAPEUTICS, INC., 11388 SORRENTO VALLEY ROAD

(Street)

(State)

12/31/2015

(Zip)

4. If Amendment, Date Original Filed(Month/Day/Year)

6. Individual or Joint/Group Filing(Check

D

SVP and Chief Medical Officer

Applicable Line)

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

Director

X Form filed by One Reporting Person Form filed by More than One Reporting

SAN DIEGO, CA 92121

(City)

Common

Stock

1.Title of 2. Transaction Date 2A. Deemed 3. 4. Securities Acquired 5. Amount of 7. Nature of Transaction(A) or Disposed of (D) Indirect Security (Month/Day/Year) Execution Date, if Securities Ownership (Instr. 3) Code (Instr. 3, 4 and 5) Beneficially Form: Direct Beneficial (Month/Day/Year) (Instr. 8) Owned (D) or Ownership Following Indirect (I) (Instr. 4) Reported (Instr. 4) (A) Transaction(s) (Instr. 3 and 4) Code V Amount (D) Price Common 15,050 12/31/2015 Α \$0 15,050 D A (1) Stock

5,655

(2)

D

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

F

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02)required to respond unless the form displays a currently valid OMB control number.

9,395

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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. 6. Date Exercisable and		7. Title and		8. Price of	9	
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	TransactionNumber		Expiration Date A		Amour	nt of	Derivative	J
Security	or Exercise		any	Code	of	(Month/Day/Year)		Underlying		Security	5
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	2		Securit	ies	(Instr. 5)]
	Derivative		Securities			(Instr.		(
	Security				Acquired (A) or						J
											J
		Disposed								-	
					of (D) (Instr. 3,						(
					4, and 5)						
									Amount		
									or		
						Date Expiration			Number		
						Exercisable Date	Date		of		
				Code V	(A) (D)				Shares		

Reporting Owners

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

Countouriotis Athena C/O HALOZYME THERAPEUTICS, INC. 11388 SORRENTO VALLEY ROAD SAN DIEGO, CA 92121

SVP and Chief Medical Officer

9. Nu Deriv Secur Bene Own Follo Repo Trans (Instr

Signatures

James R. Oehler as attorney-in-fact for Athena
Countouriotis

01/04/2016

**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).
- (1) Represents the vesting of performance-based restricted stock units based upon the achievement of certain PEGPH20 clinical program goals.
- (2) The reported disposition of 5,655 shares represents the shares that were withheld by the issuer as payment for minimum statutory tax withholding requirements.

Remarks:

Exhibit List: Exhibit 24 - Power of Attorney

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.

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