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HALOZYMI Form 4 August 23, 20	E THERAPEUTIO	CS INC										
FORM 4 OMB APPROVAL UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 OMB Number: Check this box 3235-0 Expires: January									3235-0287 January 31, 2005 average rs per			
1. Name and A Frost Gregor	2. Issuer Name and Ticker or Trading Symbol HALOZYME THERAPEUTICS INC [HTI]				-	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
	· · · ·		3. Date of (Month/D 08/23/20	-	ansaction			_X_ Director _X_ Officer (giv below) VP and 0		o Owner er (specify Off.		
	Filed(Mor				endment, Date Original onth/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 			
(City)		Zip)	T -11			· ·		Person				
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deer Executio any		3.	4. Securi on(A) or Di (D) (Instr. 3,	ties Ad sposed	cquired d of	Juired, Disposed o 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	f, or Beneficial 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	-		
Common Stock	08/23/2005			P	5,000	A	\$ 1.69	3,063,779	D			

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

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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 Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	4. Transactio Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Secur	unt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owno Follo Repo Trans (Instr
			Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships						
FB	Director	10% Owner	Officer	Other			
Frost Gregory Ian C/O HALOZYME THERAPEUTICS, INC. 11588 SORRENTO VALLEY ROAD, SUITE 17 SAN DIEGO, CA 92121	Х		VP and Chief Scientific Off.				
Signatures							
/s/ Gregory							

Jregory 08/23/2005 Frost

**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).

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.