Edgar Filing: Ajer Jeffrey Robert - Form 4

Ajer Jeffrey Form 4	Robert										
March 13, 20									omb af	PROVAL	
	FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549								OMB Number:	3235-0287	
Check thi if no long subject to Section 1 Form 4 o	6.	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES								Expires: January 31 2005 Estimated average burden hours per response 0.5	
Form 5 obligation may cont <i>See</i> Instru 1(b).	ns Section 17(a	a) of the I	Public U		ling Con	npany	y Act of	e Act of 1934, 1935 or Section 0	n		
(Print or Type F	Responses)										
1. Name and Address of Reporting Person <u>*</u> Ajer Jeffrey Robert			2. Issuer Name and Ticker or Trading Symbol BIOMARIN PHARMACEUTICAL					5. Relationship of Reporting Person(s) to Issuer			
			INC [BMRN]					(Check all applicable)			
(Last) C/O BIOMA PHARMAC DIGITAL D	ARIN EUTICAL INC.,,	fiddle) , 105	3. Date of (Month/D 03/09/20	-	ansaction			Director X Officer (give below) EVP, Chief			
	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 Form filed by More than One Reporting 					
NOVATO,	CA 94949							Person	lore than One Re	porting	
(City)	(State)	(Zip)	Tabl	e I - Non-D	erivative	Secur	ities Acq	uired, Disposed of	, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)		n Date, if	3. Transactic Code (Instr. 8) Code V	(Instr. 3,	ispose	d of (D)	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	03/09/2018(1)	03/09/2	018	S	2,972	D	\$ 82.39	55,332	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)

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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. Transactic 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						
	Director	10% Owner	Officer	Other			
Ajer Jeffrey Robert C/O BIOMARIN PHARMACEUTICAL INC., 105 DIGITAL DRIVE NOVATO, CA 94949			EVP, Chief Commercial Officer				
Signatures							
/s/ Laura Randall Woodhead, Attorney-in-Fact	03/13	/2018					
**Signature of Reporting Person	Da	te					

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) Trade made pursuant to a 10b5-1 plan executed on September 6, 2017.

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.