### Edgar Filing: HIXSON HARRY F JR - Form 4

Form 4 June 14, 2011				
	OMB APPROVAL			
UNITED STATES SECONTIES AND EACHAINGE COMMISSION OMB	3235-0287			
Check this box Washington, D.C. 20549 Number:				
if no longer Expires:	January 31, 2005			
subject to STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF Estimated				
Section 16. SECURITIES burden ho	•			
Form 4 or Form 5 Filed pursuant to Section 16(a) of the Securities Exchange Act of 1034	. 0.5			
Form 5 obligations Section 17(a) of the Public Utility Holding Company Act of 1935 or Section				
may continue. 20(h) of the Investment Company, Act of 1040				
1(b).				
(Print or Type Responses)				
1. Name and Address of Reporting Person <sup>*</sup> _2. Issuer Name and Ticker or Trading 5. Relationship of Reporting Person <sup>*</sup> _3.	rson(s) to			
HIXSON HARRY F JR Symbol Issuer				
ARENA PHARMACEUTICALS				
INC [ARNA] (Check all applicable)	)			
(Last) (First) (Middle) 3. Date of Earliest Transaction _X_Director10	% Owner			
(Month/Day/Year)Officer (give titleOtherwise)				
C/O ARENA 06/13/2011				
PHARMACEUTICALS, INC., 6166				
NANCY RIDGE DRIVE				
(Street) 4. If Amendment, Date Original 6. Individual or Joint/Group File	6. Individual or Joint/Group Filing(Check			
Filed(Month/Day/Year) Applicable Line)				
_X_Form filed by One Reporting F Form filed by More than One R				
SAN DIEGO, CA 92121	eporting			
(City) (State) (Zip) <b>Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficia</b>	llv 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) any Code Disposed of (D) Beneficially (D) or Indirect				
(Month/Day/Year) (Instr. 8) (Instr. 3, 4 and 5) Owned (I)	Ownership			
Following (Instr. 4) Reported	(Instr. 4)			
(A) Transaction(s)				
or (Instr. 3 and 4)				
Code V Amount (D) Price (Libert & Libert)				
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)

### **Reporting Owners**

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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. Transactio Code (Instr. 8)	5. Number of iorDerivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) 6. Date Exercisable Expiration Date (Month/Day/Year) (Month/Day/Year)		ate	7. Title and A Underlying S (Instr. 3 and 4	Securities I
				Code V	(A) (D	) Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Stock Option (right to buy)	\$ 1.27	06/13/2011		А	36,000	<u>(1)</u>	06/13/2021	Common Stock	36,000

# **Reporting Owners**

<b>Reporting Owner Name / Address</b>		Relationships					
	Directo	r 10% Owner	Officer	Other			
HIXSON HARRY F JR C/O ARENA PHARMACEUTICALS, INC 6166 NANCY RIDGE DRIVE SAN DIEGO, CA 92121	· X						
Signatures							
Adam S. Chinnock, as Attorney-in-Fact	06/14/20	11					
**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) The options vest in 12 equal monthly installments over one year beginning on July 13, 2011, and are exercisable once vested.

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.