Edgar Filing: MAFFUID PAUL W - Form 4

MAFFUID PAUL W Form 4 April 01, 2003

## FORM 4

\_ Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940

**OMB APPROVAL** 

OMB Number: 3235-0287 Expires: January 31, 2005 Estimated average burden hours per response. . .0.5

> Filed By Romeo and Dye's Section 16 Filer www.section16.net

1. Name and Add			ne <b>and</b> Ticl <b>maceutical</b>		Po	6. Relationship of Reporting Person(s) to Issuer (Check all applicable)								
Maffuid Paul W (Last) c/o Arena Pharr 6166 Nancy Rid	3. I.R.S. Identification Number of Reporting Person, if an entity (voluntary)					Statement for onth/Day/Year 31/03	10 X	to Issuer (Check all applicable)  _ Director _ 10% Owner  X Officer (give title below)  Other (specify below)						
								ice President, evelopment	Pharmaceutical					
	(Street)						5. I	f Amendment,	7. Individual or Joint/Group Filing					
								Date of Original		(Check Applicable Line)				
San Diego, CA 9	2121							onth/Day/Year)	X	$\underline{\mathbf{X}}$ Form filed by One Reporting				
								Person _ Form filed by More than One						
							Reporting Person							
(City)	(State) (	Zip)	T	able	I Non-D	erivati	Dispose	posed of, or Beneficially Owned						
1. Title of	2. Trans-	2A. Deemed	3. Trans	<b>S-</b>	4. Securitie	es Acqu	ired	5. Amount of		6. Owner-	7. Nature of			
Security	action	Execution	action C	Code	(A) or Disp	osed o	f (D)	Securities		ship Form:	Indirect			
(Instr. 3)	Date	Date,	(Instr. 8	)	(Instr. 3, 4 & 5)			Beneficially		,	Beneficial			
	(Month/ Day/	if any	Code	V	Amount	(A)	Price	Owned Follow-		or Indirect (I)	Ownership			
	Year)	(Month/Day/ Year)				or (D)		ing Reported Transactions(s) (Instr. 3 & 4)		(Instr. 4)	(Instr. 4)			
Common Stock	03/31/03		<b>J</b> (1)		176	A			15,767	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

## FORM 4 (continued) Table II - Derivative Securities Acquired, Disposed of, or Beneficially **Owned**

(e.g., puts, calls, warrants, options, convertible securities)

			0/1								
1. Title of	2. Conver-	3.	3A.	4.	5.	6. Date Exercisable	7. Title and	8. Price of	9. Number of	10.	11. Nature
Derivative	sion or	Trans-	Deemed	Trans-	Number	and Expiration	Amount of	Derivative	Derivative	Owner-	of Indirect
Security	Exercise	action	Execution	action	of	Date	Underlying	Security	Securities	ship	Beneficial
	Price of	Date	Date,	Code	Derivati	Me Ionth/Day/	Securities	(Instr. 5)	Beneficially	Form	Ownership
(Instr. 3)	Derivative		if any		Securiti	<b>X</b> ear)	(Instr. 3 & 4)		Owned	of Deriv-	(Instr. 4)
	Security	(Month/	(Month/	(Instr.	Acquire	d			Following	ative	
		Day/	Day/	8)	(A) or				Reported	Security:	
					1	4			C		

<sup>\*</sup> If the form is filed by more than one reporting person, see Instruction 4(b)(v).

Edgar Filing: MAFFUID PAUL W - Form 4

	Year)	Year)			Dispof (Instance)	D) tr.	d				Direct (D) or Indirect (I)		
			Code	V	5) (A)		Exer-cisable	tion		Amount or		(Instr. 4)	
								Date		Number of Shares			

Explanation of Responses:

(1) These shares were acquired pursuant to the 2001 Arena Employee Stock Purchase Plan.

By: /s/ Paul W. Maffuid

04/01/03

Date

\*\*Signature of Reporting Person

\*\*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.

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 Number.