Edgar Filing: LIGAND PHARMACEUTICALS INC - Form 4

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LIGAND PHARM Form 4 July 07, 2005	MACEUTIC	ALS INC										
FORM 4										OMB A	PPROVA	۱L
	UNITED	STATES	SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549						ON	OMB Number:	3235	-0287
Check this box if no longer										Expires:	Janua	-
subject to Section 16. Form 4 or	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES								Estimated average burden hours per response 0.5		2005	
Form 5 obligations may continue. See Instruction 1(b). 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										0.0		
(Print or Type Respon	ises)											
1. Name and Address of Reporting Person <u>*</u> NEGRO-VILAR ANDRES			2. Issuer Name and Ticker or Trading Symbol LIGAND PHARMACEUTICALS				5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
			INC [LGND]									
(Last) (First) (Middle) 10275 SCIENCE CENTER DRIVE			3. Date of Earliest Transaction (Month/Day/Year) 07/05/2005			Director 10% Owner X_ Officer (give title Other (specify below) Exe V-P, R & D, CSO						
			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						
SAN DIEGO, CA 92121							Form filed by More than One Reporting Person					
(City) (S	State)	(Zip)	Tab	le I - Non-l	Deriva	tive Se	curities A	cquired, Dispose	d of,	or Beneficia	lly Owne	d
	nsaction Date th/Day/Year)	Execution any	Date, if	3. Transactio Code (Instr. 8)	nAcqu Dispo (Instr	osed of : 3, 4 an (A o) or (D) nd 5) A) or	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	Fo (D (I)	Ownership rm: Direct) or Indirect astr. 4)	7. Nature Indirect Beneficia Ownersh (Instr. 4)	al ip
Reminder: Report on	a separate line	for each cla	ass of sec	Code V			D) Price	. ,				
Kenninger, Keport on	a separate fille			unities beile.	Pe inf re dis	ersons format quired	who restion cont tion cont to response a curren	spond to the col ained in this fo ond unless the ntly valid OMB o	rm a form	re not	SEC 1474 (9-02)	

 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. Number of	6. Date Exercisable and	7. Title and Amount
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transactio	orDerivative	Expiration Date	Underlying Securitie
Security	or Exercise		any	Code	Securities	(Month/Day/Year)	(Instr. 3 and 4)

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(Instr. 3)	Price of Derivative Security		(Month/Day/Year)	(Instr. 8)	Acquired (A or Disposed (D) (Instr. 3, 4, and 5)	d of				
				Code V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amou or Numb of Sha
Employee Stock Option (right to buy)	\$ 7.25	07/05/2005		А	35,000		01/05/2006 <u>(1)</u>	07/05/2015	Common Stock	35,0
Reporting Owners										

Reporting Owner Name / Address	Relationships							
r g i i i i i i i i i i i	Director	10% Owner	Officer	Other				
NEGRO-VILAR ANDRES 10275 SCIENCE CENTER DRIVE SAN DIEGO, CA 92121			Exe V-P, R & D, CSO					
Signatures								
By: Barbara J. Olson For: Andres F. Negro-Vilar		07/0	07/2005					
**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) Grant to reporting person of options, exercisable over a 4-year period measured from the date of grant, 12-1/2% after six months, then 1/48th of the Option Shares per month thereafter. The date of grant is 7/5/05.
- (2) No price applies.

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.