#### LIGAND PHARMACEUTICALS INC

Form 4 May 26, 2017

## FORM 4

### UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

OMB Number:

3235-0287

Expires:

January 31, 2005

0.5

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**OMB APPROVAL** 

if no longer subject to Section 16. Form 4 or Form 5

obligations

may continue.

See Instruction

Check this box

**SECURITIES** 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

1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person \* Davis Todd C

2. Issuer Name and Ticker or Trading

INC [LGND]

5. Relationship of Reporting Person(s) to Issuer

(Check all applicable)

Symbol

LIGAND PHARMACEUTICALS

(Last)

(First)

(Street)

(Middle)

3. Date of Earliest Transaction

4. If Amendment, Date Original

X\_ Director Officer (give title

10% Owner Other (specify

05/25/2017

(Month/Day/Year)

Filed(Month/Day/Year)

below)

6. Individual or Joint/Group Filing(Check

Applicable Line)

\_X\_ Form filed by One Reporting Person Form filed by More than One Reporting

SAN DIEGO, CA 92121

3911 SORRENTO VALLEY

**BOULEVARD, STE 110** 

(City) (State) (Zip)

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned 4. Securities

(A)

2. Transaction Date 2A. Deemed 3. (Month/Day/Year) Execution Date, if Code

A

TransactionAcquired (A) or Disposed of (D) (Instr. 3, 4 and 5) (Instr. 8)

666 (1) A

5. Amount of Securities Beneficially Owned

Following

6. Ownership 7. Nature of Form: Direct Indirect (D) or Beneficial Ownership Indirect (I)

(Instr. 4)

(Instr. 4)

Reported

Transaction(s)

or (Instr. 3 and 4) Price

\$0

Common

Stock

1. Title of

Security

(Instr. 3)

05/25/2017

Code V Amount (D)

70,807

D

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

(Month/Day/Year)

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Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

#### Edgar Filing: LIGAND PHARMACEUTICALS INC - Form 4

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. Transa Code (Instr.		5. Number iomf Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4,		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount Underlying Securitie (Instr. 3 and 4)	
				Code	V	and 5) (A)	(D)	Date Exercisable	Expiration Date	Title	Amour or Number of Shares
Non-Qualified Stock Option (right to buy)	\$ 113.5	05/25/2017		A		2,456		(2)	05/25/2027	Common Stock	2,45

# **Reporting Owners**

Reporting Owner Name / Address	Relationships					
	Director	10% Owner	Officer	Other		
Davis Todd C 3911 SORRENTO VALLEY BOULEVARD, STE 110 SAN DIEGO, CA 92121	X					

### **Signatures**

By: Charles S. Berkman For: Todd C.
Davis
05/26/2017

\*\*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).
- Acquired by a grant of the Board of Directors of the Company at their annual meeting on May 25, 2017 Fully vests on the earlier of (A) (1) the date of the next annual meeting of the Company stockholders following the grant date or (B) on the first anniversary of the date of grant.
- Acquired by a grant of the Board of Directors of the Company at their annual meeting on May 25, 2017. Fully vests on the earlier of (A) (2) the date of the next annual meeting of the Company stockholders following the grant date or (B) on the first anniversary of the date of

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.

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