

Ajer Jeffrey Robert  
 Form 3  
 September 14, 2012

**FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION**  
**Washington, D.C. 20549**

OMB APPROVAL

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**INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF 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

(Print or Type Responses)

1. Name and Address of Reporting Person * Â Ajer Jeffrey Robert (Last) (First) (Middle)  C/O BIOMARIN PHARMACEUTICAL INC.,Â 105 DIGITAL DRIVE (Street)  NOVATO,Â CAÂ 94949 (City) (State) (Zip)	2. Date of Event Requiring Statement (Month/Day/Year) 09/05/2012	3. Issuer Name and Ticker or Trading Symbol BIOMARIN PHARMACEUTICAL INC [BMRN]	4. Relationship of Reporting Person(s) to Issuer  (Check all applicable)  <input type="checkbox"/> Director <input type="checkbox"/> 10% Owner <input checked="" type="checkbox"/> Officer <input type="checkbox"/> Other (give title below) (specify below) SVP, Chief Commercial Of	5. If Amendment, Date Original Filed(Month/Day/Year)	6. Individual or Joint/Group Filing(Check Applicable Line) <input checked="" type="checkbox"/> Form filed by One Reporting Person <input type="checkbox"/> Form filed by More than One Reporting Person
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**Table I - Non-Derivative Securities Beneficially Owned**

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
Common Stock	10,570	D	Â

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

SEC 1473 (7-02)

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**Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)**

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)	3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)	4. Conversion or Exercise Price of Derivative	5. Ownership Form of Derivative Security:	6. Nature of Indirect Beneficial Ownership (Instr. 5)
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	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	Security	Direct (D) or Indirect (I) (Instr. 5)	
Stock Option (right to buy)	11/22/2008 <sup>(1)</sup>	05/21/2018	Common Stock	28,000	\$ 38.59	D	Â
Stock Option (right to buy)	05/17/2009 <sup>(2)</sup>	05/11/2019	Common Stock	1,000	\$ 17.86	D	Â
Stock Option (right to buy)	11/12/2009 <sup>(3)</sup>	05/11/2019	Common Stock	6,250	\$ 14.39	D	Â
Stock Option (right to buy)	11/12/2010 <sup>(4)</sup>	05/11/2020	Common Stock	30,000	\$ 21.51	D	Â
Stock Option (right to buy)	11/08/2012 <sup>(5)</sup>	05/11/2022	Common Stock	13,000	\$ 37.46	D	Â
Stock Option (right to buy)	12/01/2011 <sup>(6)</sup>	05/30/2021	Common Stock	23,700	\$ 28.23	D	Â

## 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	Â	Â	Â SVP, Chief Commercial Of	Â

## Signatures

/s/ Laura Randall Woodhead,  
Attorney-in-Fact  
Date 09/14/2012

\_\_Signature of Reporting Person

Date

## Explanation of Responses:

- \* If the form is filed by more than one reporting person, see Instruction 5(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) Original option grant vests 6/48th on November 22, 2008 and 1/48th on the 22nd of each month thereafter.
- (2) Original option grant vests 6/48th on May 17, 2009 and 1/48th on the 17th of each month thereafter.
- (3) Original option grant vests 6/48th on November 12, 2009 and 1/48th on the 12th of each month thereafter.
- (4) Original option grant vests 6/48th on November 12, 2010 and 1/48th on the 12th of each month thereafter.
- (5) Original option grant vests 6/48th on November 8, 2012 and 1/48th on the 8th of each month thereafter.
- (6) Original option grant vests 6/48th on December 1, 2011 and 1/48th on the 1st of each month thereafter.

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.