## Edgar Filing: LIGAND PHARMACEUTICALS INC - Form 4

LIGAND PH Form 4 July 01, 2013	IARMACEUTIC	ALS INC									
<b>FORM</b> Check thi if no long subject to Section 14 Form 4 or Form 5 obligation may conti <i>See</i> Instru 1(b).	s box (er STATEM 6. r Filed purs inue. Section 17(a	ENT OF Suant to Se a) of the Pu	Was CHAN ection 10 ublic Ut	GES IN GES IN SECUR	D.C. 20 BENEFI ITIES e Securit ling Con	549 CCIA ies E ipany	L OWN xchange / Act of	COMMISSION NERSHIP OF e Act of 1934, 1935 or Section 0	OMB Number: Expires: Estimated a burden hour response		
DeSilva Nishan M Sy				Name and DPHAR GND]			-	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
(Last) 11119 NOR' ROAD, SUI	3. Date of Earliest Transaction (Month/Day/Year) 06/28/2013					Director 10% Owner Officer (give title Other (specify below) VP, Corporate Development					
Filed(Month/Day/Year) Applic _X_FG FG					Applicable Line) _X_ Form filed by C	Joint/Group Filing(Check One Reporting Person More than One Reporting					
(City)	(State) (	(Zip)	Table	e I - Non-D	erivative (	Securi	ities Acq	uired, Disposed of	, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)		Date, if	3. Transactio Code (Instr. 8) Code V	4. Securit on(A) or Di (Instr. 3, - Amount	sposed	d of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		
Common Stock	06/28/2013	06/28/20	13	P <u>(1)</u>	169	A A	\$ 17.36	15,659	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.

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

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

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	4. Transactio Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)			Amou Unde Secur	le and unt of rlying ities . 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr
			Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

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## **Reporting Owners**

Reporting Owner Name / Address		Relationships						
	Director	10% Owner	Officer	Other				
DeSilva Nishan M 11119 NORTH TORREY PINES ROAD, SUITE LA JOLLA, CA 92037	200		VP, Corporate Development					
Signatures								
By: John P. Sharp For: Nishan M. de Silva	07/01/2013							

\*\*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) Shares Acquired under Ligand's employee stock purchase plan.

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.