Edgar Filing: LIGAND PHARMACEUTICALS INC - Form 4

LIGAND PI Form 4 July 05, 201	HARMACEUTIC 7	ALS INC									
FORM Check th if no lon subject t Section Form 4 of Form 5 obligation may con <i>See</i> Instr 1(b).	uis box ger o 16. or Filed pur tinue.	IENT OF suant to Se a) of the P	Was CHAN ection 1 ublic Ut	Shington, GES IN SECUR 6(a) of th	D.C. 20 BENEF ITIES e Securit ding Cor	549 ICIA ties E	L OWN Exchange y Act of	OMMISSION ERSHIP OF Act of 1934, 1935 or Section	OMB Number: Expires: Estimated a burden hour response	•	
(Print or Type 1. Name and A Berkman C	Address of Reporting 1	:	Symbol	Name and D PHAR GND]				5. Relationship of I Issuer (Check	Reporting Pers		
	(First) (N RENTO VALLEY RD, STE 110	(3. Date of (Month/D 06/30/20	-	ansaction			Director X Officer (give below) VP, Gen. C		Owner r (specify etary	
				ndment, Da hth/Day/Year	-	1		 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person 			
(City)	(State)	(Zip)	Tabl	e I - Non-D	Derivative	Secur	ities Acqu	iired, Disposed of,	or Beneficiall	y Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)		Date, if	3. Transactio Code (Instr. 8) Code V	4. Securit n(A) or Di (Instr. 3, Amount	sposed	d of (D) 5) Price	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Common Stock	06/30/2017			J <u>(1)</u>	243	А	\$ 87.125	43,048	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)	3A. Deemed Execution Date, if any (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 Secur Bene Owne Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Edgar Filing: LIGAND PHARMACEUTICALS INC - Form 4

Reporting Owners

Reporting Owner Name / Address		Relationships						
		Director	10% Owner	Officer	Other			
Berkman Charles S 3911 SORRENTO VALLEY BOULEVARD, STE 110 SAN DIEGO, CA 92121				VP, Gen. Counsel & Secretary				
Signatures								
Charles S. Berkman	07/05/2017							
<u>**</u> Signature of	Date							

<u>**</u>Signature of Reporting Person

erson

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. Voluntary reporting exemption under Rule 16b-3(c).

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.