## Edgar Filing: HALOZYME THERAPEUTICS INC - Form 4

HALOZYM Form 4 May 06, 201	E THERAPEUT	FICS INC									
									OMB AF	PROVAL	
	UNITEL	) STATES		RITIES A shington,			NGE C	OMMISSION	OMB Number:	3235-0287	
Check th if no long	10r	X									
subject to Section 1	.6. <b>SIAIE</b>	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES								2005 verage rs per	
Form 4 or 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							response	0.5			
(Print or Type I	Responses)										
1. Name and Address of Reporting Person *2. IssueFALBERG KATHRYN ESymbol								5. Relationship of Reporting Person(s) to Issuer			
				IALOZYME THERAPEUTICS NC [HALO]				(Check all applicable)			
			3. Date of (Month/E 05/05/2		ransaction			X Director Officer (give t below)		Owner r (specify	
			mendment, Date Original /onth/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person				
SAN DIEG	O, CA 92121							Form filed by M Form filed by M Person			
(City)	(State)	(Zip)	Tabl	le I - Non-E	Derivative S	Securi	ties Acq	uired, Disposed of	or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction Da (Month/Day/Year	) Execution any		3. Transactic Code (Instr. 8) Code V	4. Securit on(A) or Dis (Instr. 3, 4) Amount	sposed	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)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Common Stock	05/05/2011			A	20,000 (1)	A	\$ 0.001	90,000	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. of Derivative Securities Acquired (A) or	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owne Follo Repo
					Disposed of (D) (Instr. 3, 4, and 5)						Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		
Repo	rting O	wners									

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<b>Reporting Owner Name / Address</b>	Relationships						
	Director	10% Owner	Officer	Other			
FALBERG KATHRYN E C/O HALOZYME THERAPEUTICS, INC. 11388 SORRENTO VALLEY ROAD SAN DIEGO, CA 92121	Х						
Signatures							
Kurt A. Gustafson, Attorney-in-fact For: Fall Kathryn E	berg, 05/06/20			11			
<u>**</u> 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 as compensation for services pursuant to Halozyme Therapeutics, Inc. 2008 Outside Directors' Stock 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.