

BIOMARIN PHARMACEUTICAL INC
 Form 4/A
 September 01, 2016

FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION
 Washington, D.C. 20549

OMB APPROVAL
 OMB Number: 3235-0287
 Expires: January 31, 2015
 Estimated average burden hours per response... 0.5

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

STATEMENT OF CHANGES IN 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 *
 Dere Willard H

2. Issuer Name and Ticker or Trading Symbol
 BIOMARIN PHARMACEUTICAL INC [BMRN]

5. Relationship of Reporting Person(s) to Issuer
 (Check all applicable)

(Last) (First) (Middle)
 C/O BIOMARIN PHARMACEUTICAL INC., 105 DIGITAL DRIVE

3. Date of Earliest Transaction (Month/Day/Year)
 07/15/2016

Director 10% Owner
 Officer (give title below) Other (specify below)

(Street)
 NOVATO, CA 94949

4. If Amendment, Date Original Filed(Month/Day/Year)
 07/19/2016

6. Individual or Joint/Group Filing(Check Applicable Line)
 Form filed by One Reporting Person
 Form filed by More than One Reporting Person

(City) (State) (Zip)

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

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)	4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		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 Ownership (Instr. 4)
				(A) or (D)	Amount or Price			
Common Stock	07/15/2016	07/15/2016	A	V	2,640 (1)	\$ 0 (2)	2,640	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.

SEC 1474 (9-02)

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

Edgar Filing: BIOMARIN PHARMACEUTICAL INC - Form 4/A

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. Transaction Code (Instr. 8)	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)	7. Title and Amount of Underlying Securities (Instr. 3 and 4)
--	--	--------------------------------------	--	--------------------------------	---	--	---

Stock Option (right to buy Common Stock)	\$ 92.08	07/15/2016	07/15/2016	Code V (A) (D)	9,880 <u>(1)</u>	Date Exercisable: 07/15/2017 ⁽³⁾ Expiration Date: 07/14/2026	Title: Common Stock Amount or Number of Shares: 9,880
--	----------	------------	------------	----------------	---------------------	---	---

Reporting Owners

Reporting Owner Name / Address

Relationships

Director 10% Owner Officer Other

Dere Willard H
C/O BIOMARIN PHARMACEUTICAL INC.,
105 DIGITAL DRIVE
NOVATO, CA 94949

X

Signatures

/s/ Laura Randall Woodhead,
Attorney-in-Fact

09/01/2016

**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) This amendment is being filed solely to correct an administrative error in the original filing regarding the number of stock options and restricted stock units reported as granted.
- (2) Restricted stock units granted on July 15, 2016 vest annually over three years. Price not applicable.
- (3) Original option grant vests annually over three years

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.