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| LIGAND PI | HARMACEUT | TICALS IN | 7 | | | | | | | | | |
|--|------------------------------------|--|----------|---|----------------|------------------------------|---------------------|--|---|--|--|--|
| Form 4 | | | 0 | | | | | | | | | |
| August 02, 2 | | | | | | | | | OMB AF | PROVAL | | |
| FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 | | | | | | | | | OMB Number: | 3235-0287 | | |
| Check th | vva | sinington, | D.C. 20 | 1349 | | | Expires: | January 31, | | | | |
| if no lon subject to Section Form 4 c | 6. SIAI | STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP SECURITIES | | | | | | | | Expires. 2005 Estimated average burden hours per response 0.5 | | |
| Form 5 obligatio may con <i>See</i> Instr 1(b). | tinue. Section | 7(a) of the | Public U | | ding Co | npan | y Act of | Act of 1934, 1935 or Sectior) | 1 | | | |
| (Print or Type | Responses) | | | | | | | | | | | |
| | | | Symbol | r Name and D PHAR | | | | 5. Relationship of Reporting Person(s) to Issuer | | | | |
| | INC [LGND] | | | | | (Check all applicable) | | | | | | |
| | | | | Date of Earliest Transaction (Month/Day/Year) | | | | XDirector10% Owner Officer (give titleOther (specify | | | | |
| | RENTO VALL ARD, STE 110 | EY | 08/01/2 | | | | | below) | below) | | | |
| | (Street) | | | endment, Da hth/Day/Year | - | al | | 6. Individual or Joi Applicable Line) _X_ Form filed by O Form filed by M | one Reporting Per | rson | | |
| SAN DIEG | O, CA 92121 | | | | | | | Person | | 8 | | |
| (City) | (State) | (Zip) | Tabl | e I - Non-D | Derivative | Secu | rities Acqu | iired, Disposed of, | , or Beneficiall | y Owned | | |
| 1.Title of Security (Instr. 3) | 2. Transaction D (Month/Day/Yea | ar) Executio any | | 3. Transactio Code (Instr. 8) Code V | (Instr. 3, | ispose 4 and (A) or | 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) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| Common Stock | 08/01/2016 | | | S | 200 <u>(1)</u> | D | \$ 135.78 (2) | 41,783 | D | | | |
| Common Stock | 08/01/2016 | | | S | 500 <u>(1)</u> | D | \$ 137.6 (3) | 41,283 | D | | | |
| Common Stock | 08/01/2016 | | | S | 200 <u>(1)</u> | D | \$ 138.31 (4) | 41,083 | D | | | |
| Common Stock | 08/01/2016 | | | S | 100 <u>(1)</u> | D | \$ 139.51 | 40,983 | D | | | |

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

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02)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)

| 9. Nu | 8. Price of | . Title and | cisable and | 6. Date Exer | 5. | 4. | 3A. Deemed | 3. Transaction Date | 2. | 1. Title of |
|--------|-------------|---|------------------|--------------|----------------------------------|------------|--------------------|---------------------|-------------|-------------|
| Deriv | Derivative | mount of | ate | Expiration D | onNumber | Transacti | Execution Date, if | (Month/Day/Year) | Conversion | Derivative |
| Secu | Security | Inderlying | /Year) | (Month/Day/ | of | Code | any | | or Exercise | Security |
| Bene | (Instr. 5) | ecurities | | e | Derivative | (Instr. 8) | (Month/Day/Year) | | Price of | (Instr. 3) |
| Owne | | nstr. 3 and 4) | | | Securities | | | | Derivative | |
| Follo | | | | | Acquired | | | | Security | |
| Repo | | | | | (A) or | | | | | |
| Trans | | | | | Disposed | | | | | |
| (Instr | | | | | of (D) | | | | | |
| | | | | | (Instr. 3, | | | | | |
| | | | | | 4, and 5) | | | | | |
| | | Amount | | | | | | | | |
| | | | | | | | | | | |
| | | | Expiration | Date | | | | | | |
| | | | Exercisable Date | | | | | | | |
| | | | | | (Λ) (D) | Code V | | | | |
|] | | Amount or itle Number of Shares | • | | Disposed of (D) (Instr. 3, | Code V | | | | |

Reporting Owners

| Reporting Owner Name / Address | | Relationships | | | | | |
|--|------------|---------------|---------|-------|--|--|--|
| | Director | 10% Owner | Officer | Other | | | |
| KOZARICH JOHN W 3911 SORRENTO VALLEY BOULEVARD, STE 11 SAN DIEGO, CA 92121 | 10 X | | | | | | |
| Signatures | | | | | | | |
| By: Charles S. Berkman For: John W. Kozarich | 08/02/2016 | | | | | | |

Explanation of Responses:

**Signature of Reporting Person

- * 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).
- The sale reported on this Form 4 was made pursuant to a written trading plan adopted by the Reporting Person on December 01, 2015, in (1)accordance with Rule 10b5-1.

Date

The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from (2) \$135.66 to \$135.89, inclusive. The reporting person undertakes to provide, upon request to the Securities Exchange Commission staff, the issuer or a security holder of the issuer full information regarding the number of shares and prices at which the transaction was effected.

The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from (3) \$137.16 to \$137.94, inclusive. The reporting person undertakes to provide, upon request to the Securities Exchange Commission staff, the issuer or a security holder of the issuer full information regarding the number of shares and prices at which the transaction was effected.

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The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from

(4) \$138.19 to \$138.43, inclusive. The reporting person undertakes to provide, upon request to the Securities Exchange Commission staff, the issuer or a security holder of the issuer full information regarding the number of shares and prices at which the transaction was effected.

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.