

BIOMARIN PHARMACEUTICAL INC  
 Form 3  
 November 22, 2006

**FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION**  
**Washington, D.C. 20549**

OMB APPROVAL

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**INITIAL STATEMENT OF 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)

<p>1. Name and Address of Reporting Person *</p> <p>Â Davis George Eric</p> <p>(Last) (First) (Middle)</p> <p>C/O BIOMARIN PHARMACEUTICAL INC.,Â 105 DIGITAL DRIVE</p> <p>(Street)</p> <p>NOVATO,Â CAÂ 94949</p> <p>(City) (State) (Zip)</p>	<p>2. Date of Event Requiring Statement</p> <p>(Month/Day/Year)</p> <p>11/20/2006</p>	<p>3. Issuer Name and Ticker or Trading Symbol</p> <p>BIOMARIN PHARMACEUTICAL INC [BMRN]</p>	<p>4. Relationship of Reporting Person(s) to Issuer</p> <p>(Check all applicable)</p> <p><input type="checkbox"/> Director <input type="checkbox"/> 10% Owner</p> <p><input checked="" type="checkbox"/> Officer <input type="checkbox"/> Other</p> <p>(give title below) (specify below)</p> <p>VP, General Counsel</p>	<p>5. If Amendment, Date Original Filed(Month/Day/Year)</p>	<p>6. Individual or Joint/Group Filing(Check Applicable Line)</p> <p><input checked="" type="checkbox"/> Form filed by One Reporting Person</p> <p><input type="checkbox"/> Form filed by More than One Reporting Person</p>
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**Table I - Non-Derivative Securities Beneficially Owned**

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
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Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

SEC 1473 (7-02)

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

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)	3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)	4. Conversion or Exercise Price of Derivative Security	5. Ownership Form of Derivative Security: Direct (D)	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable Expiration Date	Title Amount or Number of			

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				Shares		or Indirect (I) (Instr. 5)	
Stock Option (right to buy)	09/15/2004 <sup>(1)</sup>	03/14/2014	Common Stock	40,000	\$ 7.84	D	Â
Stock Option (right to buy)	07/07/2005 <sup>(2)</sup>	01/06/2015	Common Stock	38,000	\$ 6.13	D	Â
Stock Option (right to buy)	01/18/2006 <sup>(3)</sup>	07/17/2015	Common Stock	10,000	\$ 8.05	D	Â
Stock Option (right to buy)	07/06/2006 <sup>(4)</sup>	01/05/2016	Common Stock	60,000	\$ 11.74	D	Â

## Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
Davis George Eric C/O BIOMARIN PHARMACEUTICAL INC. 105 DIGITAL DRIVE NOVATO, CA 94949	Â	Â	Â VP, General Counsel	Â

## Signatures

G. Eric Davis 11/22/2006

Signature of  
Reporting Person

Date

## Explanation of Responses:

- \* If the form is filed by more than one reporting person, *see* Instruction 5(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) Options vested 6/48ths on 9/15/2004 and 1/48th on the 15th of each month thereafter.
- (2) Options vested 6/48ths on 7/7/2005 and 1/48th on the 7th of each month thereafter.
- (3) Options vested 6/48ths on 1/18/2006 and 1/48th on the 18th of each month thereafter.
- (4) Options vested 6/48ths on 7/6/2006 and 1/48th on the 6th of each month thereafter.

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.