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PDL BIOPH	ARMA, INC.											
Form 4												
July 17, 2006												
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION									OMB APPROVAL			
UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549							OMB Number:	3235-0287				
Check this	or								Expires:	January 31,		
if no longer subject to STATEMENT OF CHAN				GES IN BENEFICIAL OW				NERSHIP OF	Estimated a	2005 average		
Section 16		SECURITIES						burden hours per				
Form 4 or Form 5		Filed pursuant to Section 16(a) of the Securities Exchange Act of 19							response	esponse 0.5		
obligation		^					-					
may conti	nue. Section			•	•	· ·		f 1935 or Sectio	n			
<i>See</i> Instru 1(b).	ction	50(II)	of the In	vesunent	Compan	y Aci	1 01 194	40				
(Print or Type R	esponses)											
TORRES LAURIE C Sym				2. Issuer Name and Ticker or Trading Symbol				5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
				PDL BIOPHARMA, INC. [PDLI]								
(Last)	(First)	(Middle)	(Middle) 3. Date of Earliest Transaction					(Chee	k an appneaux	-)		
(Month/				/Day/Year)				Director 10% Owner				
	IN DESIGN		07/13/20	006				X Officer (give below)	e title Oth below)	er (specify		
INC., 34801	CAMPUS D	RIVE						· · · · · · · · · · · · · · · · · · ·	luman Resource	es		
			4. If Ame	. If Amendment, Date Original				6. Individual or Joint/Group Filing(Check				
				led(Month/Day/Year)				Applicable Line)				
								X Form filed by (
FREMONT,	CA 94555							Form filed by N Person	Aore than One Ke	eporting		
(City)	(State)	(Zip)	Table	e I - Non-D	erivative	Securi	ties Aco	quired, Disposed of	f, or Beneficial	lly Owned		
1.Title of	2. Transaction	Date 2A. Dee	emed	3.	4. Securi	ties A	cquired	5. Amount of	6. Ownership 7. Nat	7. Nature of		
Security	(Month/Day/Y							Securities	Form: Direct			
(Instr. 3)		any (Month/	Code (D) Day/Year) (Instr. 8) (Instr. 3, 4 and 5)				5)	Beneficially Owned	· /	Beneficial Ownership		
		(Month/Day/Year)			(1150.5,	i una	5)	Following		(Instr. 4)		
						(A)		Reported				
						or		Transaction(s) (Instr. 3 and 4)				
~				Code V	Amount	(D)	Price	(msu. 5 anu 4)				
Common Stock	07/13/2006			F <u>(1)</u>	1,118	D	\$ 17.4	11,382	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. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)			7. Titl Amou Under Securi (Instr.	nt of lying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owno Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

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Reporting Owners

Reporting Owner Name / Address	Relationships							
	Director	10% Owner	Officer	Other				
TORRES LAURIE C C/O PROTEIN DESIGN LABS, INC. 34801 CAMPUS DRIVE FREMONT, CA 94555			VP, Human Resources					
Signatures								
/s/ Cynthia Shumate by Cynthia Shumate, Torres	07/17/2006							
**Signature of Reporting	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).
- Represents the number of shares withheld by the issuer and canceled to satisfy tax withholding obligations of the reporting person that (1) arose on the transaction date in connection with the vesting of restricted shares of common stock.

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.