Edgar Filing: LIGAND PHARMACEUTICALS INC - Form 4

Form 4	IARMACEUTICA	LS INC								
March 03, 20 FORN Check th if no long subject to Section 1 Form 4 o Form 5 obligatio may cont <i>See</i> Instru 1(b).	14 UNITED ST is box ger 6. r finue. action 5 STATEMI Section 17(a)	Wa ENT OF CHAI nant to Section	NGES IN SECUR 16(a) of th Jtility Hold	D.C. 20 BENEF DTIES e Securit ding Con	549 ICIA ies E ipany	L OWI	e Act of 1934, 1935 or Section	OMB Number: Expires: Estimated a burden hour response	•	
(Print or Type I 1. Name and A Herman Me	Address of Reporting Pe	Symbol	er Name and ND PHAR J.GND]				5. Relationship of Issuer (Chec)	Reporting Pers k all applicable		
(Last) 11119 NOR ROAD, SU	TH TORREY PIN	(Month/	of Earliest Tr Day/Year) 2015	ansaction			Director X Officer (give below) Directo		Owner er (specify ng	
LA JOLLA	(Street) , CA 92037		. If Amendment, Date Original iled(Month/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person			
(City)	(State) (Z	^{iip)} Tal	ole I - Non-D	Derivative	Securi	ities Acq	uired, Disposed of	, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)			Code	4. Securi on(A) or Di (Instr. 3, Amount	sposed	f of (D) 5) Price	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		
Common Stock	03/02/2015		S	535	D	\$ 60.69	2,986	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)		ate	7. Tit Amou Unde: Secur (Instr	int of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne 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		
Herman Melanie J 11119 NORTH TORREY PINES ROAD, SUITE 200 LA JOLLA, CA 92037			Director of Accounting			
Signatures						
By: Nishan M. de Silva For: Melanie I						

By: Nishan M. de Silva For: Melanie J. Herman

03/03/2015

Date

Explanation of Responses:

<u>**</u>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).

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.