## Edgar Filing: ASELAGE STEVE - Form 4

ASELAGE S	TEVE												
Form 4													
May 16, 2011	1												
FORM	FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION									OMB APPROVAL			
	UNITED :	UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549								3235-0287			
Check this													
subject to	if no longer subject to STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF							NERSHIP OF	Expires: 2005				
	Section 16. SECURITIES							Estimated average burden hours per					
	Form 4 or								response 0.5				
Form 5	Filed pur	suant to S	Section 16	6(a) of the	e Securiti	es Ex	chang	e Act of 1934,					
obligation may conti		a) of the	Public Ut	ility Hold	ling Com	pany	Act of	f 1935 or Sectio	n				
See Instru		30(h)	of the Inv	vestment	Company	y Act	of 194	40					
1(b).													
(Print or Type R	esponses)												
1	11 CD (* *	D *						5 0 1 ( ) 1 (	`D (' D				
1. Name and Address of Reporting Person <u>*</u> ASELAGE STEVE				Name and	Ticker or '	Frading	g	5. Relationship of Reporting Person(s) to Issuer					
			-	Symbol									
		BIOMARIN PHARMACEUTICAL					(Check all applicable)						
			INC [BN	MRNJ				```		·			
(Last) (First) (Middle)			3. Date of	3. Date of Earliest Transaction				Director 10% Owner					
				(Month/Day/Year)				XOfficer (give titleOther (specify below) below)					
C/O BIOMA			05/12/20	)11				· · · · · · · · · · · · · · · · · · ·	ief Business Of	ficer			
	EUTICAL INC.,	105											
DIGITAL D	RIVE												
		4. If Amendment, Date Original				6. Individual or Joint/Group Filing(Check							
	Filed(Month/Day/Year)					Applicable Line)							
								_X_ Form filed by 0 Form filed by N					
NOVATO, O	CA 94949							Person		porting			
(City)	(State)	(Zip)	Tabl	I Non D	anivativa (		ing A of	wined Disposed of	f on Donoficial	ly Owned			
								uired, Disposed of		-			
1.Title of	2. Transaction Date			3. 4. Securities Acquired					6. Ownership				
Security (Instr. 3)	(Month/Day/Year)	any	on Date, n	Code (D)				Form: Direct (D) or	Beneficial				
(Instr. 5)		•	Day/Year)				5)	Owned		Ownership			
			• •					Following	(Instr. 4)				
						(A)		Reported					
						or		Transaction(s) (Instr. 3 and 4)					
				Code V	Amount	(D)	Price	(mout. 5 and +)					
Common	05/12/2011			А	10,000	А	<u>(1)</u>	41,478	D				
Stock					10,000			,					

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)

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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)	Code	5. Number of orDerivative Securities Acquired (A) or Disposed o (D) (Instr. 3, 4, and 5)	6. Date Exercisal Expiration Date (Month/Day/Yea		7. Title and A Underlying S (Instr. 3 and	Securities		
				Code V	(A) (D	Date Exercisable	Expiration Date	Title	Amount or Number of Share		
Stock Option (right to buy)	\$ 26.49	05/12/2011		А	80,000	11/12/2011 <u>(2)</u>	05/11/2021	Common Stock	80,000		
Reporting Owners											
<b>Reporting Owner Name / Address</b>					Relat	tionships					
			Directo	or 10% Ov	wner Officer	Othe		er			
ASELAGE STEVE C/O BIOMARIN PHARMACEUTICAL INC. 105 DIGITAL DRIVE NOVATO, CA 94949			L INC.		EVP,	Officer					
Signa	tures										
/s/ Laura Randall Woodhead, Attorney-in-Fact			05.	/16/2011							
**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) Restricted stock units granted on May 12, 2011. Price not applicable.
- (2) Options vest 6/48ths on November 12, 2011 and 1/48th on the 12th 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.