Edgar Filing: SPIEGELMAN DANIEL K - Form 5

SPIEGELMAN DANIEL K

Form 5

February 14, 2018

| | | | | | | | | OMR AF | PPROVAL | | |
|---|------------------------------------|--------------------------------------|---|--|--|---|---------------------------------------|--------------------------------|------------------------|--|--|
| FORM | | ~~ ~ ~ | | | | ~= ~~ | | OMB | | | |
| Cl1- 41 | | STATES SECU | RITIES AN Ishington, I | | | GE CO | MMISSION | Number: | 3235-0362 | | |
| Check the no longe | isinington, 1 | J.C. 205 | 1 9 | | | Expires: | January 31, 2005 | | | | |
| to Section Form 4 of | A NIN | UAL STATEM | ENT OF CHANGES IN BENEF | | | | ICIAL | Estimated a | verage | | |
| 5 obligat | RSHIP OF | SECUR | ITIE | S | | burden hours per response | | | | | |
| may con See Instr | uction | annant ta Caatian | 16(a) af tha | Ci4: - | | 1. a.a. a.a. A | at af 1024 | 100p01100 | 1.0 | | |
| 1(b). Form 3 I | Holdings Section 17(| suant to Section (a) of the Public I | | | | | | | | | |
| Reported Form 4 | l section 17(| 30(h) of the I | • | | • | | 33 of Section | | | | |
| Transact | | | | | | | | | | | |
| Reported | 1 | | | | | | | | | | |
| 1. Name and | Address of Reporting | Name and Ticker or Trading | | | | 5. Relationship of Reporting Person(s) to | | | | | |
| SPIEGELN | MAN DANIEL K | Symbol | A DAN A DAN A CENTER A L | | | | Issuer | | | | |
| | | | ARIN PHARMACEUTICAL BMRN] | | | AL | (Check all applicable) | | | | |
| (Last) | ent for Issuer's Fiscal Year Ended | | | led | Director 10% Owner | | | | | | |
| (====) | (First) (I | | - | | | | X_ Officer (give title Other (specify | | | | |
| G10 D101 | | 12/31/2 | 017 below) | | | | | below) Chief Financial Officer | | | |
| C/O BIOM | IARIN CEUTICAL INC., | â 770 | | | | | | | | | |
| LINDARC | | ,,A //U | | | | | | | | | |
| | endment, Date Original | | | 6. | 6. Individual or Joint/Group Reporting | | | | | | |
| | onth/Day/Year) | | | | | | | | | | |
| | | | | | | | (check | applicable line) | | | |
| SAN RAF | AEL, CA 9490 |)1 | | | | | | | | | |
| | | | | | | One Reporting Person More than One Reporting | | | | | |
| | | | | | | Pe | rson | | , portg | | |
| (City) | (State) | (Zip) Tab | ole I - Non-De | rivative Se | ecuritie | es Acquir | ed, Disposed of, | or Beneficial | ly Owned | | |
| 1.Title of | 2. Transaction Date | | 3. Transaction Code | 4. Securities Acquired | | | 5. Amount of | | 7. Nature of | | |
| Security (Instr. 3) | (Month/Day/Year) | Execution Date, if any | | (A) or Disposed of (D (Instr. 3, 4 and 5) | | | Securities Beneficially | Ownership Form: | Indirect Beneficial | | |
| (111541. 5) | | (Month/Day/Year) | | | | 3) | Owned at end | | Ownership | | |
| | | | | | | | of Issuer's Fiscal Year | or Indirect (I) | (Instr. 4) | | |
| | | | | | (A) or | | (Instr. 3 and | (Instr. 4) | | | |
| | | | | Amount | (D) | Price | 4) | | | | |
| Common | 10/31/2017(1) | 10/31/2017 | A | 162 | A | \$ | 57,600 <u>(2)</u> | D | Â | | |
| Stock | | | | | | 69.777 | | | | | |
| Reminder: Re | port on a separate line | for each class of | Persons w | ho respo | nd to | the colle | ection of inforr | nation | SEC 2270 | | |
| | eficially owned direct | | contained in this form are not required to respond unless (9-02 | | | | | | (9-02) | | |
| the form displays a currently valid OMB control number. | | | | | | | | | | | |

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Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

| 1. Title of | 2. | 3. Transaction Date | 3A. Deemed | 4. | 5. | 6. Date Exerc | cisable and | 7. Titl | e and | 8. Price of |
|-------------|-------------|---------------------|--------------------|-------------|------------|---------------|-------------|---------|----------|-------------|
| Derivative | Conversion | (Month/Day/Year) | Execution Date, if | Transaction | Number | Expiration D | ate | Amou | int of | Derivative |
| Security | or Exercise | | any | Code | of | (Month/Day/ | Year) | Under | lying | Security |
| (Instr. 3) | Price of | | (Month/Day/Year) | (Instr. 8) | Derivative | e | | Secur | ities | (Instr. 5) |
| | Derivative | | | | Securities | | | (Instr. | 3 and 4) | |
| | Security | | | | Acquired | | | | | |
| | | | | | (A) or | | | | | |
| | | | | | Disposed | | | | | |
| | | | | | of (D) | | | | | |
| | | | | | (Instr. 3, | | | | | |
| | | | | | 4, and 5) | | | | | |
| | | | | | | | | | Amount | |
| | | | | | | | | | or | |
| | | | | | | Date | Expiration | Title | Number | |
| | | | | | | Exercisable | Date | 2 2010 | of | |
| | | | | | (A) (D) | | | | Shares | |

of D

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | | | |
|-----------------------------------|---------------|-----------|--------------------------------|-------|--|--|--|
| | Director | 10% Owner | Officer | Other | | | |
| SPIEGELMAN DANIEL K | | | | | | | |
| C/O BIOMARIN PHARMACEUTICAL INC., | â | â | EVP, Chief Financial Officer | â | | | |
| 770 LINDARO ST. | А | A | A EVP, Chief Financial Officer | A | | | |
| SAN RAFAEL, Â CAÂ 94901 | | | | | | | |

Signatures

/s/ Laura Randall Woodhead, Attorney-in-Fact 02/14/2018

**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) Represents shares acquired by the reporting person on October 31, 2017, pursuant to the issuer's Employee Stock Purchase Plan.
- Amount of securities beneficially owned has been updated from the reporting person's prior report to: a) include 34,078 shares reported in the Form 4 Amendment filed with the S.E.C. on 10/13/2017; and b) include 57 shares inadvertently excluded in prior reports based on a reconciliation with the Company's records.

Note: File three copies of this Form, one of which must be manually signed. If space provided 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.

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