Edgar Filing: PIEN HOWARD H - Form 4

| PIEN HOW | ARD H | | | | | | | | | | |
|--------------------------|-------------------|--|---------------------------------|--|--------------|-------------------------|---------------------------------------|--|------------------------|-------------|--|
| Form 4 | | | | | | | | | | | |
| August 31, 2 | .009 | | | | | | | | | | |
| FORM | 14 UNITE | ЛСТАТБС | SECUE | ITIES A | ND EVCI | IT A NI | CE C | OMMISSION | - | PROVAL | |
| | UNITE | DSIAIE | | | D.C. 2054 | | GEU | OMIMISSION | OMB Number: | 3235-0287 | |
| Check the | | | | ,g, | 2101200 | | | | Expires: | January 31, | |
| if no long subject to | | EMENT O | F CHAN | HANGES IN BENEFICIAL OWN | | | | NERSHIP OF | • | 2005 | |
| Section 16. SECURITIES | | | | | | | Estimated average burden hours per | | | | |
| Form 4 o Form 5 | | | G (* 1 | | а ··· | г | 1 | A (C1024 | response 0.8 | | |
| obligation | . | | | | | | • | e Act of 1934, 1935 or Section | n | | |
| may cont | inue. | | | • | Company | • | | | 11 | | |
| See Instru 1(b). | uction | 00(11) | | | company | | | • | | | |
| | | | | | | | | | | | |
| (Print or Type I | Responses) | | | | | | | | | | |
| 1. Name and A | ddress of Reporti | ng Person * | 2 Issue | r Nama and | Ticker or T | radina | | 5. Relationship of | Reporting Pers | on(s) to | |
| | | | | Issuer Name and Ticker or Trading mbol | | | | Issuer | | | |
| | - | MEDAREX INC [MEDX] | | | | (Charle all applicable) | | | | | |
| (Last) | (First) | (Middle) | 3. Date of Earliest Transaction | | | | | (Check | k all applicable |) | |
| | | | (Month/D | (Month/Day/Year) | | | | X Director | | 10% Owner | |
| | REX, INC., 70 | 07 STATE | 08/27/2 | 009 | | | | XOfficer (give below) | title Othe below) | er (specify | |
| ROAD | | | | | | | | Pres., CEO | & Chair. of th | e Brd | |
| (Street) 4. | | | 4. If Ame | 4. If Amendment, Date Original | | | | 6. Individual or Joint/Group Filing(Check | | | |
| Filed(M | | | | led(Month/Day/Year) | | | | Applicable Line) _X_ Form filed by One Reporting Person | | | |
| PRINCETO | N, NJ 08540 | | | | | | | Form filed by M | | | |
| | | | | | | | | Person | | | |
| (City) | (State) | (Zip) | Tabl | e I - Non-D | erivative Se | ecuriti | es Acqu | uired, Disposed of | , or Beneficial | ly Owned | |
| 1.Title of | 2. Transaction D | | | 3. | 4. Securitie | | | 5. Amount of | 6. Ownership | | |
| Security (Instr. 3) | (Month/Day/Ye | n Date, if Transaction(A) or Disposed of (D) Code (Instr. 3, 4 and 5) | | | | | Securities Beneficially | Form: Direct (D) or | Indirect Beneficial | | |
| (111511-0) | | Day/Year) (Instr. 8) | | | | | Owned | Indirect (I) | Ownership | | |
| | | | | | | | | Following Reported | (Instr. 4) | (Instr. 4) | |
| | | | | | | (A) | | Transaction(s) | | | |
| | | | | Code V | Amount | or (D) | Price | (Instr. 3 and 4) | | | |
| Common Stock | 08/27/2009 | | | U | 266,000 | D | \$ 16 | 0 | 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)

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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) | 4. Transactic Code (Instr. 8) | 5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | | ate | Secur | ınt of rlying | 8. Price of Derivative Security (Instr. 5) | 9. Nu Deriv Secu Bene Own Follo Repo Trans (Instr |
|---|---|---|---|--|---|---------------------|--------------------|-------|--|---|---|
| | | | | Code V | (A) (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | |

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | | | | |
|--|---------------|------------|--------------------------------|-------|--|--|--|--|
| | Director | 10% Owner | Officer | Other | | | | |
| PIEN HOWARD H C/O MEDAREX, INC. 707 STATE ROAD PRINCETON, NJ 08540 | Х | | Pres., CEO & Chair. of the Brd | | | | | |
| Signatures | | | | | | | | |
| Beth A. Behrend, Attorney-in-Fact | | 08/31/2009 | | | | | | |
| **Signature of Reporting Person | | Date | | | | | | |
| 707 STATE ROAD PRINCETON, NJ 08540 Signatures Beth A. Behrend, Attorney-in-Fact | | | Pres., CEO & Chair. of the Brd | | | | | |

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).

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.