Edgar Filing: DeSilva Nishan M - Form 4

DeSilva Nisł	nan M											
Form 4												
January 03, 2	2013											
FORM	FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION								OMB APPROVAL			
. •	• • UNITED S	STATES					NGE C	OMMISSION	OMB	3235-0287		
Check th	is box		Was	shington,	D.C. 20	549			Number:	January 31,		
if no longer					DENIEF	EDSIIID OF	Expires:	2005				
subject to)			CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES						Estimated average		
Section 1 Form 4 o			SECUNITIES						burden hours per response 0.5			
Form 5		suant to S	Section 1	6(a) of th	e Securit	ties E	Exchange	Act of 1934,	response	0.5		
obligatio	ns Section 17(U	1935 or Section	1			
may cont See Instru	inue.			vestment	-	~ `	-					
1(b).												
(Print or Type I	Responses)											
1 Name and A	Address of Reporting	Derson *	. .	NT 1	.			5 Delationship of	Paparting Pars	on(s) to		
DeSilva Nis			2. Issuer Symbol	r Name and	Ticker or	Tradi		5. Relationship of Reporting Person(s) to Issuer				
	LIGAND PHARMACEUTICALS											
			INC [L			1101	11.5	(Check	all applicable)		
(Last)	(First) (N	Aiddle)	3. Date of	f Earliest Tr	ansaction			Director	10%	Owner		
			(Month/E					X_{1} Officer (give		r (specify		
11119 NOR	TH TORREY PI	NES	12/31/2	012				below) VP. Corpo	below) orate Developn	nent		
ROAD, SU	ITE 200							,	· · · · · · · · · · · · · · · · · · ·			
			4. If Amendment, Date Original Filed(Month/Day/Year)					6. Individual or Joint/Group Filing(Check				
								Applicable Line)				
	G + 02025							_X_ Form filed by O Form filed by M				
LA JOLLA,	, CA 92037							Person		Jorning		
(City)	(State)	(Zip)	Tabl	e I - Non-D	erivative	Secur	ities Acqu	iired, Disposed of,	or Beneficiall	y Owned		
1.Title of	2. Transaction Date			3.	4. Securit			5. Amount of	6.	7. Nature of		
Security	(Month/Day/Year)		Date, if	Transactio		•		Securities	Ownership	Indirect		
(Instr. 3)		any (Month/Day/Year)		Code (Instr. 3, 4 and 5) (Instr. 8)				Beneficially Owned	-			
				(Following	Indirect (I) (Instr. 4)			
						(A)		Reported	(Instr. 4)			
						or		Transaction(s) (Instr. 3 and 4)				
Common				Code V	Amount	(D)	Price ¢	(
Common Stock	12/31/2012	01/03/20	013	J <u>(1)</u>	490	А	\$ 14.535	10,490	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)

Reporting Owners

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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	7. Titl Amou Under Secur (Instr.	int of lying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owna 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						
F B	Director	10% Owner	Officer	Other			
DeSilva Nishan M 11119 NORTH TORREY PINES ROAD, SUITE 200 LA JOLLA, CA 92037			VP, Corporate Development				
Signatures							
By: John P. Sharp For: Nishan M. deSilva 01/03/20)13						

**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) Shares Acquired under Ligand's employee stock purchase plan.

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.