Edgar Filing: Chondros Dimitrios - Form 4

Chondros Dir Form 4											
February 05, FORM	Л	STATES					NGE C	COMMISSION	OMB AF OMB Number:	PROVAL 3235-0287	
Check this if no long subject to Section 16 Form 4 or Form 5 obligation may conti <i>See</i> Instru 1(b).	er STATEM 5. Filed purs ¹⁸ Section 17(a	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section							Expires: Estimated a burden hou response	Expires: January 31, 2005 Estimated average burden hours per	
(Print or Type R	esponses)										
1. Name and Address of Reporting Person <u>*</u> Chondros Dimitrios			2. Issuer Name and Ticker or Trading Symbol HALOZYME THERAPEUTICS INC [HALO]					5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
(Last) (First) (Middle) C/O HALOZYME THERAPEUTICS, INC., 11388 SORRENTO VALLEY ROAD			3. Date of Earliest Transaction (Month/Day/Year) 02/03/2019					Director 10% Owner X Officer (give title Other (specify below) SVP, Chief Medical Officer			
(Street)			4. If Amendment, Date Original Filed(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 			
(City)		(Zip)				a	•.•	Person			
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deer Execution any	ned	3. Transactic Code (Instr. 8) Code V	4. Securi on(A) or Di (Instr. 3, Amount	ties Ao spose	cquired d of (D) 5) Price	uired, Disposed of 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of	
Common Stock	02/03/2019			F	2,503 (1)	D	\$ 16.12	31,599	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 Derivat Security (Instr. 3	ive Convers or Exerc	on (Month/Day ise	any	ion Date, if Tra Coo	ansaction ode (nstr. 8) [(((((((Number	6. Date Exerc Expiration Da (Month/Day/	ate	7. Titl Amou Under Secur (Instr.	int of lying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr
				Co	ode V		Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships								
	Director	10% Owner	Officer	Other					
Chondros Dimitrios C/O HALOZYME THERAPEUTICS, INC. 11388 SORRENTO VALLEY ROAD SAN DIEGO, CA 92121			SVP, Chief Medical Officer						
Signatures									
/s/ James R. Oehler as attorney-in-fact for D Chondros	imitrios		02/05/2019						
** Signature of Reporting Person			Date						
Explanation of Response	es:								

* 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).
- The reported disposition of 2,503 shares represents the shares that were withheld by the issuer as payment for minimum statutory (1) obligations due upon vesting of 6,165 restricted stock award shares.

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.