Edgar Filing: Engler Robert - Form 4

Engler Robert

Form 4 May 06, 201											
FORM	1 /								OMB AF	PROVAL	
		SECURITIES AND EXCHANGE COM Washington, D.C. 20549					OMB Number:	3235-0287			
Check thi if no long subject to Section 1 Form 4 o	6. STATE	MENT O	F CHAN	ANGES IN BENEFICIAL OWN SECURITIES				NERSHIP OF	Expires: Estimated a burden hour response		
Form 5 obligations may continue. See Instruction 1(b). 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 30(h) of the Investment Company Act of 1940											
(Print or Type F	Responses)										
1. Name and Address of Reporting Person <u>*</u> Engler Robert			2. Issuer Name and Ticker or Trading Symbol HALOZYME THERAPEUTICS				-	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
(I 4)	(First)	() (; 1 41 -)	INC [H	-							
(Last) (First) (Middle) C/O HALOZYME THERAPEUTICS, INC., 11388 SORRENTO VALLEY ROAD			3. Date of Earliest Transaction (Month/Day/Year) 05/05/2011					Officer (give title Other (specify below) below)			
			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			
SAN DIEG	O, CA 92121							Form filed by M Person			
(City)	(State)	(Zip)	Tabl	e I - Non-E	Derivative S	Securi	ties Acq	uired, Disposed of	, or Beneficiall	y Owned	
1.Title of Security (Instr. 3)	2. Transaction Dat (Month/Day/Year) Execution any			4. Securiti on(A) or Dis (Instr. 3, 4)	posed	of (D)	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 Indirect Beneficial Ownership (Instr. 4)	
Common Stock	05/05/2011			А	20,000 (1)	A	\$ 0.001	125,000	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)	4. Transacti Code (Instr. 8)	5. ofNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)		Secur	int of rlying	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						
	Director	10% Owner	Officer	Other			
Engler Robert C/O HALOZYME THERAPEUTICS, INC. 11388 SORRENTO VALLEY ROAD SAN DIEGO, CA 92121	Х						
Signatures							
Kurt A. Gustafson, Attorney-in-fact For: Eng Robert L.	gler,	05/06/2011					
**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) Shares acquired as compensation for services pursuant to Halozyme Therapeutics, Inc. 2008 Outside Directors' Stock 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.