# FORM 4

# UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPROVAL
OMB Number: 3235-0287
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Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. *See* Instruction 1(b).

#### STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

(Print or Ty	pe Response	s)																	
1. Name and Address of Reporting Person* PEQUOT CAPITAL MANAGEMENT INC				TH	2. Issuer Name and Ticker or Trading Symbol THRESHOLD PHARMACEUTICALS INC [THLD]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director Officer (give title below)  X Other (specify below)							
500 NYA	) ALA FARN	(First) M ROAD		(Middle)		3. Date of Earliest Transaction (Month/Day/Year) 10/28/2005								<u>`</u>	See Footn	ote 1			
WESTPO	ORT, CT 0	(Street)			4. If	Amendme	ent, E	Date (	Origir	nal l	Filed(Montl	h/Day/Year)	·)	Form file	ual or Joint/0 ed by One Repo led by More than	rting Person	Ü,	**	le Line)
(City	)	(State)		(Zip)			Tab	ole I -	Non	-De	erivative S	Securitie	es Acqu	uired, Disp	osed of, or I	Beneficial	ly Ow	ned	
1.Title of Security (Instr. 3)  2. Transaction Date (Month/Day/Yea			Execut	ecution Date, if Code		on 4. Securities Acquires (A) or Disposed of (I (Instr. 3, 4 and 5)  (A) or			5. Amount of Securities Beneficially Owned Follow Reported Transaction(s) (Instr. 3 and 4)		llowing	Form: Direct (D)		Nature of direct eneficial wnership estr. 4)					
								Code	e ·	V	Amount	` /	Price				(Instr.	. 4)	
Common value	Stock, \$0	01 par	10/28	3/2005				S			57,003 (2)	D   \$   10   (3		3,496,72	2 (2)		I (2)		vestment dvisor (1)
		opulue ini		r class of secu		•			1	Per cor the	rsons wh ntained in form dis	no respo n this fo splays a	orm ar	re not requ	ction of inf uired to res I OMB conf	spond ur	nless	SEC	1474 (9-02)
		I		1	(e.g., p	puts, calls	, war	rrant	s, opt	tion	s, conver	tible sec	urities	)					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	ise (Month/Day/Year) any (Month/Day/Year) Code of Derivative (Month/Day/Year)		An Un Sec	curities str. 3 and (Instr. 5) Benefi Owner Follow Repor Transa (Instr.			ive Ownersh ies Form of Derivativ Security ing Direct (I ed or Indirection(s)		Ownersh (Instr. 4)									
						Code	V (	(A)	(D)	Da Ex		Expiration Date	on Tit	Amount or Number of Shares					

### **Reporting Owners**

	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
PEQUOT CAPITAL MANAGEMENT INC 500 NYALA FARM ROAD WESTPORT, CT 06880				See Footnote 1		
ENRIGHT PATRICK G 500 NYALA FARM ROAD WESTPORT, CT 06880	X					

## **Signatures**

Aryeh Davis, GC & COO		11/01/2005
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	**Signature of Reporting Person	Date	
Pat	rick G. Enright, Director (1)	11/01/2005	
	**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).
- Pequot Capital Management, Inc. (Pequot) is an investment advisor registered under Section 203 of the Investment Advisers Act of 1940 and has voting and investment power with respect to securities in its clients accounts. Pequot disclaims any obligation to file this report, and this report shall not be deemed an admission that Pequot is subject to Section 16 with respect to the Issuer of such securities. Patrick G. Enright is an employee of Pequot and serves on the Board of Directors of the Issuer and disclaims beneficial ownership of these securities except to the extent of his pecuniary interest.
- (2) Pequot disclaims beneficial ownership of these securities, and this report shall not be deemed an admission that Pequot is, for the purposes of Section 16 of the Exchange Act or otherwise, the beneficial owner of such securities.
- (3) Aggregate net proceeds were \$9.8324 per share post all commissions.

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.