FORM 4

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

OMB APPE	ROVAL
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

	pe Response															
	1. Name and Address of Reporting Person * COZADD BRUCE C			2. Issuer Name and Ticker or Trading Symbol THRESHOLD PHARMACEUTICALS INC [THLD]						_x_1	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
1300 SE		(First) OULEVARD	(Middle)	3. Date of Earliest Transaction (Month/Day/Year) 12/23/2005												
REDWO	OD CITY	(Street) , CA 94063		4. If Amendment, Date Original Filed(Month/Day/Year)			_X_ Fo:	6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person _ Form filed by More than One Reporting Person)				
(Cit	y)	(State)	(Zip)	Table I - Non-Derivative Securities Acqu			Acquired, D	uired, Disposed of, or Beneficially Owned								
1.Title of S (Instr. 3)	ecurity		2. Transaction Date (Month/Day/Yea	Exec ar) any		ed Date, if ay/Year)	Coo (Ins	Transaction de str. 8)	(A) c	ccurities Acqui or Disposed of r. 3, 4 and 5)	(D) Owned Transa		curities Ben g Reported		Form:	7. Nature of Indirect Beneficial Ownership (Instr. 4)
Reminder:	Report on a	separate line for each	class of securities b	eneficial	lly ow	vned dire	ectly	Pers in thi	ons w is forn	ho respond	uired to re	spond ur				1474 (9-02)
Reminder:	Report on a s	separate line for each		I - Deriv	vative	Securiti	ies A	Persin thing a cur	ons w is forn rrently sposed	n are not rec valid OMB	uired to re control nur	spond ur nber.				1474 (9-02)
	2. Conversion	3. Transaction	Table I	I - Deriv (e.g.,) 4. Transac Code	vative puts, o	Securiti calls, wa 5. Numbo of Deriva Securities Acquired or Dispos of (D) (Instr. 3,	er ntive s l (A)	Persin thing a current	ons wis form rently sposed conversional distribution of the conversion of the conver	n are not rec valid OMB of, or Benefic rtible securitiale and	uired to re control nur	spond urnber. Amount	nless the f	9. Number o Derivative Securities Beneficially Owned Following Reported	f 10. Owners: Form of Derivati Security Direct (i	11. Naturnip of Indires Benefici ve Ownersh (Instr. 4)
1. Title of Derivative Security	2. Conversion or Exercise Price of Derivative	3. Transaction Date	Table I. 3A. Deemed Execution Date, if any	I - Deriv (e.g.,) 4. Transac Code	vative puts, o	Securiticalls, was 5. Number of Deriva Securities Acquired or Disposof (D)	er ntive s l (A)	Persin thing a current	ons wis form	n are not rec valid OMB of, or Benefic rtible securitiale and	cially Owned es) 7. Title and of Underlyi Securities	spond urnber. Amount	8. Price of Derivative Security	9. Number o Derivative Securities Beneficially Owned Following	f 10. Owners: Form of Derivati Security Direct (i	11. Natur of Indire Benefici Ownersh: (Instr. 4)

Reporting Owners

	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
COZADD BRUCE C 1300 SEAPORT BOULEVARD REDWOOD CITY, CA 94063	X					

Signatures

/s/ David Southern as Attorney-in-Fact	12/27/2005
**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).
- (1) The Stock Option was granted pursuant to the Threshold Pharmaceuticals, Inc. 2004 Amended and Restated Equity Incentive Plan.
- (2) The option shall vest and become exercisable at the rate of 1/36 of the shares subject to the option on each monthly annivesary following December 23, 2005.
- (3) Not applicable.

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.