

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

OMB APPROVAL					
OMB Number:	3235-0104				
Estimated average burden					
nours per response 0.5					

#### INITIAL STATEMENT OF 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

1. Name and Address of Reporting Person * Fernandes Joel A	2. Date of Event Rec Statement (Month/D				nd Ticker or Trading Symbol  D PHARMACEUTICALS INC [THLD]			
(Last) (First) (Middle) 1300 SEAPORT BLVD., SUITE 500	11/02/2007			4. Relationship of Reporting Person Issuer		(s) to 5. If Amer Filed(Month		ndment, Date Original h/Day/Year)
(Street) REDWOOD CITY, CA 94063				Director X Officer (give title below)	all applicable) 10% Owner Other (specify below)  Ginance/Controller		6. Individual or Joint/Group Filing(Check Applicable Line)  _X_Form filed by One Reporting Person _Form filed by More than One Reporting Person	
(City) (State) (Zip)	Table I - Non-Derivative Securities Beneficially Owned					wned		
1.Title of Security (Instr. 4)	·		mount of Secueficially Owner. 4)	ed F	form: Direct (Instr. D) or Indirect		Nature of Indirect Beneficial Ownership str. 5)	
Common Stock	Common Stock 7			D				
Reminder: Report on a separate line for each cla	ass of securiti	es beneficially	owned directl	y or indirectly.				SEC 1473 (7-02
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Persons who resp unless the form d	oond to the isplays a c	collection of urrently valid ies Beneficially reisable and Date	information OMB contr	n contained in the columber.  puts, calls, warra  Amount of hoderlying	4. Conversion or Exercise Price of Derivative	5. O Forr Deri	le securitie wnership n of ivative urity:	spond s)
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### **Reporting Owners**

	Relationships			
Reporting Owner Name / Address	Director	10% Owner	Officer	Other
Fernandes Joel A 1300 SEAPORT BLVD., SUITE 500 REDWOOD CITY, CA 94063			Sr Director Finance/Controller	

#### **Signatures**

Joel A. Fernandes	11/15/2007
**Signature of Reporting Person	Date

## **Explanation of Responses:**

- \* If the form is filed by more than one reporting person, see Instruction 5(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 option vests monthly at a rate of 1/42nd per month until April 3, 2010.
- (2) The option vests monthly at a rate of 1/38th per month until December 3, 2009.

(3) The option will vest monthly at a rate of 1/48th per month beginning January 29, 2008.

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.

THRESHOLD PHARMACEUTICALS, INC.

POWER OF ATTORNEY

Know all by these presents, that the undersigned hereby constitutes and appoints Harold E.

Selick, signing singly, the undersigned's true and lawful attorney-in-fact to:
(1) execute for and on behalf of the undersigned, in the undersigned's capacity as an officer and/or director of Threshold Pharmaceuticals, Inc., a belaware corporation (the "Company"), Forms 3, 4, and 5 in accordance with Section 16(a) of the Securities Exchange Act of 1934 and the rules thereunder;
(2) do and perform any and all acts for and on behalf of the undersigned which may be necessary or desirable to complete and execute any such Form 3, 4, or 5, complete and execute any amendment or amendments thereto, and timely file such form with the United States Securities and Exchange Commission and any stock exchange or similar authority; and
(3) take any other action of any type whatsoever in connection with the foregoing which, in the opinion of such attorney-in-fact, may be of benefit to, in the best interest of, or legally required by, the undersigned, it being understood that the documents executed by such attorney-in-fact on behalf of the undersigned pursuant to this Power of Attorney shall be in such form and shall contain such terms and conditions as such attorney-in-fact may approve in such attorney-in-fact full power and authority to do and perform any and every act and thing whatsoever requisite, necessary, or proper to be done in the exer undersigned might or could do if personally present, with full power of substitution or revocation, hereby ratifying and confirming all that such attorney-in-fact or such attorney-in-fact full power of substitution or revocation, hereby ratifying and confirming all that such attorney-in-fact or such attorney-in-fact's substitution or revocation, hereby ratifying and confirming all that such attorney-in-fact, or such attorney-in-fact's substitution or revocation, hereby ratifying and confirming all that such attorney-in-fact or such attorney-in-fact's substitution or revocation, hereby ratifying a

This Power of Attorney shall remain in full force and effect until the undersigned is no longer required to file Forms 3, 4, and 5 with respect to the undersigned's holdings of and transacti

IN WITNESS WHEREOF, the undersigned has caused this Power of Attorney to be executed as of this 14th day of November, 2007

/s/ Joel Fernandes Joel Fernandes