## FORM 4

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

OMB APPROVAL
OMB Number: 3235-0287
Estimated average burden
hours per response... 0.5

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 * SELICK HAROLD E				2. Issuer Name and Ticker or Trading Symbol THRESHOLD PHARMACEUTICALS INC [THLD]					5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  _X_ Director X_ Officer (give title below) Other (specify below)  Chief Executive Officer					
(Last) (First) (Middle) C/O THRESHOLD PHARMACEUTICALS, INC., 1300 SEAPORT BOULEVARD, SUITE 500				3. Date of Earliest Transaction (Month/Day/Year) 11/20/2007						Chie	f Executive	Officer		
(Street) REDWOOD CITY, CA 94063				4. If Amendment, Date Original Filed(Month/Day/Year)					6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting PersonForm filed by More than One Reporting Person					
(City) (State) (Zip)			Table I - Non-Derivative Securities Acqu					ired, Disposed of, or Beneficially Owned						
1.Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	Code (Instr. 8)		(A) or I (Instr. 3	Disposed of (D) BR (Is		Beneficia Reported	mount of Securities ficially Owned Following orted Transaction(s) : 3 and 4)		Form: Direct (D) or Indirect (I)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Common Stock 11/20/2007			A	V	13,210	` ´	Price \$ 0.58	1,133,988		(Instr. 4)				
Reminder:	Report on a s	separate line fo	r each class of secur Table II - 1	ities beneficially ov		Pers cont the f	ons wh ained in	o respo n this fo splays a	rm are	not requesting ntly valid	OMB con	formation spond unle trol numbe	ss	1474 (9-02)
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security		n 3A. Deemed Execution Da any	re, if Transaction Code (Instr. 8)	5. 6. Do and 1		ate Exercisable Expiration Date nth/Day/Year)		7. T Ame Und Seco	itle and ount of erlying urities tr. 3 and		9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)	Owners Form of Derivati Security Direct ( or Indire	Ownersh (Instr. 4) D)
				Code V	(A) (D)	Date Exer		Expiratio Date	on Title	Amount or Number of Shares				

### **Reporting Owners**

	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
SELICK HAROLD E C/O THRESHOLD PHARMACEUTICALS, INC. 1300 SEAPORT BOULEVARD, SUITE 500 REDWOOD CITY, CA 94063	X		Chief Executive Officer				

#### **Signatures**

Joel A. Fernandes, Attorney-in Fact	11/21/2007
**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).

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.