## FORM 4

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

OMB APPROV	/AL
OMB Number:	3235-028
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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

(11mt of 1y	pe Response	s)															
1. Name and Address of Reporting Person* Curd John G				2. Issuer Name and Ticker or Trading Symbol THRESHOLD PHARMACEUTICALS INC [THLD]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director X Officer (give title below) Other (specify below)						
(Last) (First) (Middle) C/O THRESHOLD PHARMACEUTICALS, INC., 1300 SEARPORT BLVD. SUITE 500 (Street) REDWOOD CITY, CA 94063			3. Date of Earliest Transaction (Month/Day/Year)     02/27/2008  4. If Amendment, Date Original Filed(Month/Day/Year)									President and CMO  6. Individual or Joint/Group Filing(Check Applicable Line)  X_ Form filed by One Reporting Person  Form filed by More than One Reporting Person  iired, Disposed of, or Beneficially Owned					
										ır)						e)	
(City) (State) (Zip)			Table I - Non-Derivative Securities Acqui							curitie	s Acquire						
1.Title of Security (Instr. 3)  2. Transaction Date (Month/Day/Ye			2A. Deemed Execution Da any (Month/Day/		Date, if Code (Instruy/Year)				4. Securities Acc (A) or Disposed (Instr. 3, 4 and 5)  (A) or Amount (D)		of (D) O	5. Amount of Securities Be Owned Following Reported Transaction(s) (Instr. 3 and 4)		d (	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Common Stock												20	0,000		`	D	
	Report on a	separate line for each	n class of securities l	peneficia	lly ov	vned direc	ctly or	Pe	ersons				ollection of				1474 (9-02)
	Report on a s	separate line for each		- Deriva	ntive S	Securities	s Acq	Pe in a c	ersons this f currer	orm are itly valid	not re I OMB	equired to control ficially Ov	respond u number.				1474 (9-02)
Reminder:	·	3. Transaction Date	Table II  3A. Deemed Execution Date, if	- Deriva (e.g., p 4. Transac Code	tion 1		s Acq rants. er of e	Pein a couired, option 6. Date Expire	this for currer  Dispons, content Exertation I	orm are atly valid sed of, or avertible are assets of a second se	not red OMB Beneficial	equired to control ficially Ov ties)	orespond unumber.  vned  ad Amount ying	8. Price of		f 10. Owners Form o Derivat Security Direct ( or Indir	11. Natur of Indirect Beneficia ve Ownersh (Instr. 4)
Reminder:  1. Title of Derivative Security	2. Conversion or Exercise Price of Derivative	3. Transaction Date	Table II  3A. Deemed Execution Date, if any	- Deriva (e.g., p 4. Transac Code	tion 1	Securities: alls, war 5. Numbe Derivativ Securities Acquired or Dispos (D) (Instr. 3, 4	s Acq rants. er of e	Pein a cuired, option 6. Date	this for currer  Dispons, content Exertation I	orm are atly valid sed of, or avertible are contact.	not red OMB  Benef securind	equired to control ficially Ov ties) 7. Title ar of Underly Securities	orespond unumber.  vned  ad Amount ying	8. Price of Derivative Security	9. Number of Derivative Securities Beneficially Owned Following Reported	f 10. Owners Form o Derivat Security Direct ( or Indir	11. Natur of Indired Beneficia Ownersh (Instr. 4)

#### **Reporting Owners**

	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
Curd John G C/O THRESHOLD PHARMACEUTICALS, INC. 1300 SEARPORT BLVD. SUITE 500 REDWOOD CITY, CA 94063			President and CMO			

### **Signatures**

John G. Curd by Joel Fernandes, Attorney-In-Fact	02/29/2008
**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 option shares vest in 48 monthly installments commencing March 27, 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.