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* 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) President and CMO					
(Last) (First) (Middle) C/O THRESHOLD PHARMACEUTICALS, INC., 1300 SEARPORT BLVD. SUITE 500				3. Date of Earliest Transaction (Month/Day/Year) 03/20/2008										PR	esident and C	<u></u>	
(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 Person _Form filed by More than One Reporting Person					
(City		(State)	(Zip)	Table I - Non-Derivative Securities Acou								Acqui	nired, Disposed of, or Beneficially Owned				
(Instr. 3) Date		2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Dat any (Month/Day/Y		3. Tr	3. Transaction				equi ed of	ired	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)		6. Ownership Form:	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
						Co	ode	V	Amoun	or (D)	P	Price				(I) (Instr. 4)	
Common Stock 03/20/2008			P		P		5,000	A	\$ 0.	.369	25,000			D			
	report on a c	reparate line is	or each class of secur	Derivative Se				Pers cont the f	ons whatained i	no responders n this splays	forn a c	n are urren	not requ itly valid		formation spond unle trol numbe	ess	1474 (9-02)
	ı	1		(e.g., puts, cal	ls, wa	arran	ts, op	tions	, conver	tible se	curi	ities)		1	1		
Security	2. Conversion or Exercise Price of Derivative Security	3. Transactio Date (Month/Day/	Year) Execution Da	4. Transac Code Year) (Instr. 8)	5. Numbor of Deriv Secur Acqu (A) or Disport of (D) (Instr 4, and	rative rities ired rosed) . 3,	and	ate Exer Expirati nnth/Day	on Date		Amo Unde Secu	r. 3 and		9. Number Derivative Securities Beneficiall Owned Following Reported Transaction (Instr. 4)	Owner Form of Deriva Securit Direct or Indi	Ownersh (y: (Instr. 4) (D)
				Code	V	(A)	(D)	Date Exer	e rcisable	Expira Date	tion	Title	Amount or Number of Shares				

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	03/21/2008
**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).

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.