FORM 5

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

OMB APPR	ROVAL
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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).

Form 3 Holdings Reported

Form 4 Transactions

Reported

ANNUAL 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

Name and Address of Reporting Po GAITHER JAMES C	2. Issuer Name and Ticker or Trading Symbol THRESHOLD PHARMACEUTICALS INC [THLD]					5. Relationship of Reporting Po (Check all ap Director Officer (give title below)		r	
(Last) (First) 755 PAGE MILL ROAD, SUI	(Middle) TE A-200	3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 12/31/2009							
(Street) PALO ALTO, CA 94304-100:	4. If Amendment, Date Original Filed(Month/Day/Year)					Individual or Joint/Group Reporting			
(City) (State)	(Zip)	Ta	ble I - Non-De	rivative S	ecuritie	uired, Disposed of, or Beneficially Owned			
1.Title of Security (Instr. 3)	Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	Code (Instr. 8)		4 and 5 (A) or	of (D)	5. Amount of Securities Beneficially Owned at end of Issuer's Fiscal Year (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
Common Stock	03/31/2009		G	0 (1)	D	\$ 0	32,615 ⁽¹⁾	I	By Ltd Partnership
Common Stock							6,329	I	By Trust (3)

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

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Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of	2	3. Transaction	3A. Deemed	4	5		6. Date Exer	cisable	7. Tit	le and	8 Price of	9. Number	10.	11. Nature
	Conversion		Execution Date, if	Transaction	Numb		and Expirati		Amou		Derivative		Ownership	
		(Month/Day/Year)	/		of		(Month/Day			rlying		-		Beneficial
	Price of	((Month/Day/Year)		Deriv		`	,	Secur		-		Derivative	
,	Derivative			· ·	Secur	ities			(Instr	. 3 and	Ì	Beneficially	Security:	(Instr. 4)
	Security				Acqui	ired			4)			Owned at	Direct (D)	
					(A) or							End of	or Indirect	
					Dispo							Issuer's	(I)	
					of (D)								(Instr. 4)	
					(Instr							(Instr. 4)		
					4, and	15)								
										Amount				
							Date	Expiration		or				
							Exercisable		Title	Number				
							LACICISADIC	Date		of				
					(A)	(D)				Shares				

Reporting Owners

	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
GAITHER JAMES C 755 PAGE MILL ROAD, SUITE A-200 PALO ALTO, CA 94304-1005		X				

Signatures

Robert Yin, by power of attorney	02/01/2010

**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) Represents gift of limited partnership interests in a limited partnership to other limited partners. The reporting person disclaims beneficial ownership of the shares held by the limited partnership except as to the reporting person's pecuniary interest therein.
- (2) Shares held by a limited partnership of which the reporting person is the General Partner. The reporting person disclaims beneficial ownership in these shares except as to the reporting person's pecuniary interest therein.
- (3) Shares held by a trust of which the reporting person is the trustee. The reporting person disclaims beneficial ownership in these shares except as to the reporting person's pecuniary interest therein.

Note: File three copies of this Form, one of which must be manually signed. If space provided 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.