## FORM 4

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

OMB APPRO	VAL
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

	pe Response	~)													
1. Name and Address of Reporting Person* HOFFMANN DAVE			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						
(Last) (First) (Middle) 1024 BUBB ROAD (Street)  CUPERTINO, CA 95014-4166				Date of Earliest Transaction (Month/Day/Year)     06/24/2016      H 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  iired, Disposed of, or Beneficially Owned				
	(City) (State) (Zip)				Table I - Non-Derivative Securities Acqu										
1.Title of Security (Instr. 3)			2. Transaction Date (Month/Day/Year)	) any	ion Da	ite, if C		(	. Securities Acc A) or Disposed Instr. 3, 4 and 5	of (D) Owr Tran	5. Amount of Securities Benefic Dwned Following Reported Transaction(s)		d	Ownership o Form: B	. Nature f Indirect eneficial
				(Month	/Day/	Y ear)	Code	e V A	(A) or (D)		(I)		or Indirect (1	Ownership Instr. 4)	
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1. Title of	·		3A. Deemed Execution Date, if any	4. Transac Code	ts, cal	Ils, warr 5. Numb of Deriva Securitie	er eative	in this display nired, Disp options, co	form are not use a currently  posed of, or Benerorisable and Date	equired to valid OME eficially Ov- ities)	o respond 3 control r vned d Amount ying	unless the number.		of 10. Ownership Form of	11. Natu p of Indire Benefici
1. Title of Derivative Security	2. Conversion or Exercise	Date	3A. Deemed Execution Date, if	4. Transac Code	tion o	lls, warr 5. Numb of Deriva	er e	in this display	form are not use a currently  posed of, or Benerorisable and Date	required to valid OME eficially Overities)  7. Title and of Underly Securities	o respond 3 control r vned d Amount ying	8. Price of Derivative Security	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction	of 10. Ownership Form of Derivative Security: Direct (D) or Indirect (s) (I)	11. Nature of Indire Benefici Ownersl (Instr. 4)
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	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
HOFFMANN DAVE 1024 BUBB ROAD CUPERTINO, CA 95014-4166	X					

### **Signatures**

/s/ Joel A. Fernandes, Attorney-in-Fact	06/28/2016
**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).
- The option vests in accordance with the following schedule: (a) 8.333% of the shares subject to this option shall vest on each monthly anniversary of the date of grant of June 24, 2016 for the first 11 months and (b) the remaining shares subject to this option shall vest on the date of the Issuer's 2017 Annual Meeting of Stockholders.

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.