FORM 4

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

OMB APPRO	OVAL
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

1. Name and Address of Reporting Person * JAEGER WILFRED 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 Officer (give title below)				·)	
3200 AL	t) PINE DRI	(First)		3. Date o 06/24/2		Γransac	tion (Month/	/Day/Year)						
PORTOI	LA VALLI	(Street) EY, CA 94028		4. If Ame	endment, I	Oate Or	iginal Filed(M	Month/Day/Year)	_X_	Form filed by	One Reporting	p Filing(Check Person Reporting Person	Applicable Line)
(Cit	y)	(State)	(Zip)			Table	I - Non-Deri	ivative Securitie	s Acquired	l, Disposed	of, or Bene	ficially Own	ed	
1.Title of S (Instr. 3)	ecurity		2. Transaction Date (Month/Day/Year)	any	emed on Date, it /Day/Year	Code (Instr	(, 8)	4. Securities Acq (A) or Disposed (Instr. 3, 4 and 5) (A) or Amount (D)	of (D) Ow Trai		Securities Being Reported	d	Ownership of Form:	Beneficial Dwnership
Reminder:	report on a s							ns who respon					ed SEC 1	474 (9-02)
Reminder:	report on a s						in this display quired, Disp	form are not roys a currently to	equired to valid OMB eficially Ow	respond control r	unless the		ed SEC 1	474 (9-02)
1. Title of	2. Conversion	3. Transaction	Table II - 3A. Deemed Execution Date, if	4. Transact	5. Nu of De Secur Acqu or Di of (D	mber rivative rities ired (A sposed) . 3, 4,	quired, Disp s, options, co 6. Date Ex Expiration (Month/Da	form are not reverse a currently so a currently so sed of, or Bene convertible securer ereisable and Date	equired to valid OMB eficially Ow	o respond B control r vned d Amount ving	unless the number.		f 10. Ownersh Form of Derivativ Security: Direct (D or Indirec	11. Nature of Indire Beneficie Ownersl (Instr. 4)
1. Title of Derivative Security	2. Conversion or Exercise Price of Derivative	3. Transaction Date	Table II - 3A. Deemed Execution Date, if any	4. Transact	5. Nu 5. Nu 5. Nu 6 Secur 7 Acqu 8 or Di 9 of (D 1 (Instr	mber rivative ities ired (Asposed) . 3, 4,)	in this display quired, Disp s, options, co 6. Date Ex Expiration (Month/Da	form are not regs a currently woosed of, or Bene convertible securerisable and Date any/Year)	equired to valid OMB eficially Ow ities) 7. Title and of Underly Securities	o respond B control r vned d Amount ving	8. Price of Derivative Security	9. Number of Derivative Securities Beneficially Owned Following Reported	f 10. Ownersh Form of Derivativ Security: Direct (D or Indirec	11. Natu p of Indire Benefic Ownersi (Instr. 4

Reporting Owners

	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
JAEGER WILFRED E						
3200 ALPINE DRIVE	X					
PORTOLA VALLEY, CA 94028						

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.