## FORM 4

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

OMB APPRO	VAL
OMB Number:	3235-0287
Estimated average bu	ırden
hours per response	0.5

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* POWELL MICHAEL			2. Issuer Name and Ticker or Trading Symbol THRESHOLD PHARMACEUTICALS INC [THLD]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  _X_ DirectorOfficer (give title below)Other (specify below)					
(Last) (First) (Middle) 140 GEARY STREET, TENTH FLOOR				3. Date of Earliest Transaction (Month/Day/Year) 05/19/2005											
(Street) SAN FRANCISCO, CA 94108				4. If Amendment, Date Original Filed(Month/Day/Year)						_X_	6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting PersonForm filed by More than One Reporting Person				
(City	y)	(State)	(Zip)	Table I - Non-Derivative Securities Acquired, Disposed of, or Ber					of, or Bene	ficially Own	d				
1.Title of S (Instr. 3)	1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Year		Execution Date, if any (Month/Day/Year)			8) (1	A) or Disposed on Str. 3, 4 and 5)  (A) or (D)	of (D) Ow Tra	Transaction(s) (Instr. 3 and 4)		d (	Ownership Form: Be Direct (D)	Nature f Indirect eneficial wnership nstr. 4)		
Reminder:								in this f	s who respon form are not re s a currently v	equired to	respond	unless the		eu SEC 14	74 (9-02)
	•			(e.g., pu		alls, warr	ants	in this f display uired, Dispo options, co	orm are not rest a currently vessed of, or Bene nvertible secur	equired to valid OME ficially Ow ities)	respond 3 control r	unless the number.	e form		
1. Title of	•		3A. Deemed Execution Date, if	4. Transac Code	tion	5. Number of Deriva Securitie Acquired or Disposo of (D) (Instr. 3,	er ative s l (A) sed	in this to display uired, Dispo options, co 6. Date Exe	orm are not rest a currently vessed of, or Bene envertible securicisable and Date	equired to valid OME ficially Ow ities)	o respond 3 control r wned d Amount ying	unless the number.	9. Number o Derivative Securities Beneficially Owned Following Reported	f 10. Ownership Form of Derivative Security: Direct (D) or Indirect	11. Natur of Indirec Beneficia Ownersh (Instr. 4)
1. Title of Derivative Security	2. Conversion or Exercise Price of Derivative	Date	3A. Deemed Execution Date, if any	4. Transac Code	tion	5. Number of Derivative Acquired or Dispose of (D)	er ative s l (A) sed	in this t display uired, Dispo options, co 6. Date Exe Expiration	orm are not resident of the second of the se	equired to valid OME ficially Ow ities)  7. Title an of Underly Securities	o respond 3 control r wned d Amount ying	8. Price of Derivative Security	9. Number o Derivative Securities Beneficially Owned Following	f 10. Ownership Form of Derivative Security: Direct (D) or Indirect	11. Natur of Indirec Beneficia Ownersh (Instr. 4)

#### **Reporting Owners**

	Relationships				
Reporting Owner Name / Address	Director	10% Owner	Officer	Other	
POWELL MICHAEL 140 GEARY STREET TENTH FLOOR SAN FRANCISCO, CA 94108	X	X			

#### **Signatures**

/s/ David L. Southern, Attorney-in-Fact	05/23/2005
**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 stock option was granted pursuant to the Threshold Pharmaceuticals, Inc. 2004 Amended and Restated Equity Incentive Plan.
- (2) The option shall vest and become exercisable at the rate of 1/12 of the shares subject to the option on each monthly anniversary of the grant date of May 19, 2005.
- (3) Not Applicable.

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.