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

OMB APPRO	OVAL
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longer subject to Section 16. Form 4 or Instruction 1(b).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Form 5 obligations may 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	3)															
1. Name and Address of Reporting Person* SELICK HAROLD E				THE	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) C/O THRESHOLD PHARMACEUTICALS, INC., 1300 SEAPORT BOULEVARD, 5TH FLOOR					3. Date of Earliest Transaction (Month/Day/Year) 03/14/2006									Cnier E	Recurive Office	er	
(Street) REDWOOD CITY, CA 94063				4. If <i>a</i>	4. If Amendment, Date Original Filed(Month/Day/Year)							_X_ For	6. Individual or Joint/Group Filing(Check Applicable Line) X. Form filed by One Reporting Person Form filed by More than One Reporting Person				
(Ci	ty)	(State)	(Zip)				Tal	ole I - No	on-Deriv	ative Securitie	s Acqu	uired, D	isposed of	or Benefic	ially Owned		
1.Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Y		ear) Ex	2A. Deemed Execution Date, if any (Month/Day/Year)		(Instr. 8)		(A)	4. Securities Acquire (A) or Disposed of ((Instr. 3, 4 and 5)					O Fo D	orm:	Beneficial Ownership		
								Code	V Am	(A) or (D)	r Price				(I		
Reminder:	Report on a	separate line for each	h class of securities b	eneficia	ally o	wned direct	tly o	P	ersons v	who respond						n SEC	474 (9-02)
Reminder:	Report on a	separate line for each		II - Dei	rivati	ive Securiti	ies A	th cu	ersons values form urrently	are not requivalid OMB o	ired to ontro	o respo I numb	ond unles er.			n SEC	474 (9-02)
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1. Title of	·	3. Transaction Date	Table 3A. Deemed Execution Date, if	II - Der (e.g 4. Transac Code	rivati g., put	ive Securiti ts, calls, wa 5. Number	ies A arran of (A)	cquired, its, option 6. Date Expirat: (Month	ersons values form urrently	are not requivalid OMB of of, or Benefertible security ble and	icially icially icially of U Secu	o respo I numb Owned	Amount	8. Price of	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s	f 10. Ownersh Form of Derivativ Security Direct (I or Indire	ip of Indirec Beneficia Ownershi (Instr. 4)
1. Title of Derivative Security	2. Conversion or Exercise Price of Derivative	3. Transaction Date	Table 3A. Deemed Execution Date, if any	II - Der (e.g 4. Transac Code	rivati g., put action 8)	5. Number Derivative Securities Acquired (or Dispose (D) (Instr. 3, 4	ies A arran of (A)	cquired, its, option 6. Date Expirat: (Month	ersons values form urrently Dispose ons, conv Exercisation Date (Day/Yea	are not requivalid OMB of of, or Benefertible security ble and	icially icially icially of U Secu	Owned Owned ittle and Jnderlyin urities tr. 3 and	Amount	8. Price of Derivative Security	9. Number of Derivative Securities Beneficially Owned Following Reported	f 10. Ownersh Form of Derivati Security Direct (I or Indire	ip of Indirect Beneficia Ownersh (Instr. 4)

Reporting Owners

	Relationships				
Reporting Owner Name / Address	Director	10% Owner	Officer	Other	
SELICK HAROLD E C/O THRESHOLD PHARMACEUTICALS, INC. 1300 SEAPORT BOULEVARD, 5TH FLOOR REDWOOD CITY, CA 94063	X		Chief Executive Officer		

Signatures

/s/ David Southern, Attorney-in-fact	03/15/2006
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.
- The option shall vest and become exercisable at the rate of 1/48 of the shares subject to the option on February 1, 2006 and 1/48 of the shares subject to the option on each monthly anniversary following February 1, 2006.

(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.