# FORM 4

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

OMB APPROVAL					
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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

(Print or Ty	pe Response	es)													
I. Name and Address of Reporting Person COZADD BRUCE C  (Last) (First) (Middle) C/O THRESHOLD PHARMACEUTICALS, INC., 5TH FLOOR, 1300 SEAPORT BOULEVARD  (Street)  REDWOOD CITY, CA 94063			THR	THRESHOLD PHARMACEUTICALS INC [THLD]  3. Date of Earliest Transaction (Month/Day/Year) 09/26/2006					_x_ D	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  X_ Director Officer (give title below)  Other (specify below)					
			4. If A						_X_ Forr	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		(State)	(Zip)				Table I	- Non-Derivat	ive Securities A	Acquired, Di	isposed of	, or Benefic	cially Owned		
1. Title of Security (Instr. 3)  2. Transaction Date (Month/Day/Ye		Exe ear) any	2A. Deemed 3. Trans Execution Date, if Code		(A) c (Instr	4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) (A) or		5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)			ownership of orm:	eneficial wnership			
1 Title of	12	3 Transaction	<del>.</del>	(e.g.,		s, calls, w	arrants,	ired, Disposed options, conve	rtible securities	ally Owned		8 Price of	9 Number of	110	11 Natura
Security	Conversion Date or Exercise (Month/Day/Yea		3A. Deemed Execution Date, if r) any	4. 5. N Transaction Deri Code Secu		5. Number of Derivative Securities		Expiration Date of U (Month/Day/Year) Sec		7. Title and of Underlyi Securities	ng		9. Number of Derivative Securities Beneficially Owned Following	10. Ownership Form of Derivative Security: Direct (D)	11. Nature of Indirect Beneficial
(Instr. 3)	Price of Derivative Security	tive	(Month/Day/Year)	(Instr. 8)		Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)				(Instr. 3 and	Instr. 3 and 4)				Ownershi (Instr. 4)
				Code	V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		Reported Transaction(s) (Instr. 4)	or Indirect (I) (Instr. 4)	
Stock										Common					
Option (Right to Buy)	\$ 2.5	09/27/2006		A		30,000		<u>(2)</u>	12/22/2015	Common Stock	30,000	(3)	30,000	D	

### **Reporting Owners**

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

### **Signatures**

/s/ David L. Southern, Attorney-in-fact	09/28/2006
**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.
- (2) The option will vest and become exercisable commencing on September 27, 2006 in equal monthly installments, with the last installment vesting on December 23, 2008.
- On September 26, 2006, the issuer canceled, pursuant to the issuer's option exchange program, an option granted to the reporting person on December 23, 2005. In exchange, the reporting (3) person has received a replacement option on September 27, 2006, for the same number of shares, having an exercise price equal to \$2.50, the closing market price of the underlying stock on the grant date.

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.