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

(Print or Type Responses) 1. Name and Address of Reporting Person* Davis Cathleen Phillips (Last) (First) (Middle) C/O THRESHOLD PHARMACEUTICALS, INC., 1300 SEAPORT BOULEVARD, 5TH FLOOR				2. Issuer Name and Ticker or Trading Symbol THRESHOLD PHARMACEUTICALS INC [THLD]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner Officer (give title below) Other (specify below)				
			3. Date of Earliest Transaction (Month/Day/Year) 09/28/2006						VP, Finance and Controller					
(Street) REDWOOD CITY, CA 94063			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 Person Form filed by More than One Reporting Person					
(City	y)	(State)	(Zip)			Table	e I - Non-I	Derivative Securiti	es Acquired	, Disposed	of, or Bene	ficially Own	ed	
1.Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Year			Execution Date, if Co any (Month/Day/Year)		if Cod (Ins	tr. 8)	(A) or Disposed (C. 8) (Instr. 3, 4 and 5)		of (D) Owned Following Repor		d	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Reminder:	Report on a s	separate line for each	class of securities l	peneficial	ly owne	d direct	Per:	sons who respor his form are not it plays a currently	equired to	respond	unless the		ed SEC	1474 (9-02)
Reminder:	Report on a s	separate line for each	Table II -	Derivati	ve Secui	rities A	Perin tl disp cquired, D	sons who respor his form are not i plays a currently Disposed of, or Ben	equired to valid OMB eficially Ow	respond control n	unless the		ed SEC	1474 (9-02)
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1. Title of Derivative Security	2. Conversion or Exercise Price of Derivative	3. Transaction Date	Table II - 3A. Deemed Execution Date, if any	Derivati (e.g., put 4. Transact Code	ve Seculis, calls, 5. Notion of I Sec or I of ((Instance) and	fumber Derivativarities uired (Abisposec D) tr. 3, 4, 5)	Perint I disp	sons who respondis form are not to blays a currently bisposed of, or Bens, convertible security. Exercisable and the convertible security. Day/Year)	equired to valid OMB eficially Ow- rities) 7. Title and of Underly Securities	respond control rened d Amount ing	8. Price of Derivative Security	9. Number of Derivative Securities Beneficially Owned Following	f 10. Owners Form of Derivati Security Direct (or Indir	11. Nat of India Benefic Owners (Instr. 4

	Relationships				
Reporting Owner Name / Address	Director	10% Owner	Officer	Other	
Davis Cathleen Phillips C/O THRESHOLD PHARMACEUTICALS, INC. 1300 SEAPORT BOULEVARD, 5TH FLOOR REDWOOD CITY, CA 94063			VP, Finance and Controller		

Signatures

/s/ David L. Southern, Attorney-in-fact	10/02/2006
**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) 1/48th of the total shares underlying the stock option will vest and become exercisable on October 28, 2006 and 1/48 of the total shares underlying the stock option shall vest on each monthly anniversary of the grant date thereafter.
- (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.