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

OMB APPR	OVAL
OMB Number:	3235-028
Estimated average b	ourden
hours per response	0

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

(I IIII of 13	pe Response	- /-														
Name and Address of Reporting Person* HOFFMANN DAVE			THRE	2. Issuer Name and Ticker or Trading Symbol THRESHOLD PHARMACEUTICALS INC [THLD]						_x_1	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
(Last) (First) (Middle) C/O THRESHOLD PHARMACEUTICALS, INC., 1300 SEAPORT BOULEVARD					3. Date of Earliest Transaction (Month/Day/Year) 04/02/2007											
REDWO	OD CITY	(Street) , CA 94063		4. If Ar	mendı	ment, Da	te O	riginal Filed(M	Ionth/Day/	Year)	_X_ For	m filed by Or	ne Reporting Pe	Filing(Check A erson eporting Person	oplicable Line)	
(City) (State) (Zip)				Table I - Non-Derivative Securities Acqu						Acquired, D	ired, Disposed of, or Beneficially Owned					
1.Title of S (Instr. 3)	1. Title of Security (Instr. 3)  2. Transaction Date (Month/Day/Yes		2A. Deemed Execution Dat any (Month/Day/Y		Date, if	Date, if Code (Instr. 8		(A) or D	Disposed of (1), 4 and 5)  (A) or (D) I	Owned Follow Transaction(s) (Instr. 3 and 4)				Ownership of Form:	Beneficial Ownership	
Reminder:	Report on a s	separate line for each	ii class of securities					in this	form a	re not req		spond ur		n contained orm display		174 (9-02)
Reminder:	Report on a s	separate line for each		I - Deriv				in this	form a ently va	are not required alid OMB of the control of the con	uired to re control nun	spond ur nber.				474 (9-02)
1. Title of Derivative Security (Instr. 3)	2. Conversion	3. Transaction Date (Month/Day/Year)	Table I  3A. Deemed Execution Date, if	I - Deriv (e.g., 1 4. Transact Code	puts,	calls, wa	er ative s l (A) sed	in this a curred. Coquired, Disputs, options, comparison D (Month/Day/	form a ently va cosed of, onvertib cisable a	are not requalid OMB of the control	uired to re control nun	spond urnber.  I Amount	nless the f	orm display  9. Number o	f 10. Ownershi Form of Derivativ Security: Direct (D or Indirects)	11. Natur p of Indirec Beneficia Ownersh (Instr. 4)
1. Title of Derivative Security	2. Conversion or Exercise Price of Derivative	3. Transaction	Table I  3A. Deemed Execution Date, if	I - Deriv (e.g., 1 4. Transact Code	puts,	5. Number of Deriva Securitie Acquired or Disposof (D) (Instr. 3,	er ative s l (A) sed	in this a curred. Coquired, Disputs, options, comparison D (Month/Day/	oosed of, onvertib cisable a bate 'Year')	are not requalid OMB of the securities of the se	control numbers of Underlying Securities	spond urnber.  I Amount	8. Price of Derivative Security	9. Number of Derivative Securities Beneficially Owned Following Reported	f 10. Ownershi Form of Derivativ Security: Direct (D or Indirec	11. Natur p of Indirec Beneficia Ownersh (Instr. 4)

	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
HOFFMANN DAVE C/O THRESHOLD PHARMACEUTICALS, INC, 1300 SEAPORT BOULEVARD REDWOOD CITY, CA 94063	X					

## **Signatures**

/s/ Harold E. Selick, as Attorney-in-Fact	04/04/2007
**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 1/36 of the shares subject to the option on each monthly anniversary following 4/2/2007.
- (3) Not Appliable.

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.