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

OMB APPE	ROVAL
OMB Number:	3235-0287
Estimated average	burden
hours ner response	0.5

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 *- HOFFMANN DAVE			2. Issuer Name and Ticker or Trading Symbol THRESHOLD PHARMACEUTICALS INC [THLD]						Director				v)		
1024 BU	BB ROAL	(First)		3. Date of Earliest Transaction (Month/Day/Year) 01/09/2009											
(Street) CUPERTINO, CA 950144166			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				e)		
(Cit		(State)	(Zip)	Table I - Non-Derivative Securities Acqu				s Acquired	uired, Disposed of, or Beneficially Owned						
(Instr. 3) Date		2. Transaction Date (Month/Day/Year)	r) any		Deemed 3 ution Date, if ((tht/Day/Year)		(A	Securities Acquain or Disposed on str. 3, 4 and 5)	of (D) Ow Tra		\ /		Ownership Form: Direct (D)	Beneficial Ownership	
							Code	V A	(A) or (D)	Price	or Indirect (I) (Instr. 4)		(I)	(Instr. 4)	
Reminder:	Report on a s	separate line for each	- Canada O 2 Securitado (in this f	s who respon orm are not ro s a currently v	equired to	respond	unless the		ea SEC!	474 (9-02)
Reminder:	Report on a s	separate line for each						in this f	orm are not re	equired to	respond	unless the		ea SEC	474 (9-02)
1. Title of Derivative Security	2. Conversion or Exercise	3. Transaction	Table II - 3A. Deemed Execution Date, if any	4. Transac Code	ts, call 5 tion o S	ls, war . Numb of Deriv Securities	per 6. eative Ex	in this f displays red, Dispo ptions, con	orm are not rest a currently vested of, or Bene exertible securicisable and Date	equired to valid OME ficially Ow ities) 7. Title an of Underly Securities	o respond B control r wned d Amount wing	8. Price of Derivative Security	9. Number of Derivative Securities	f 10. Ownersh Form of	11. Nati of Indir Benefic
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Reporting Owners

	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
HOFFMANN DAVE 1024 BUBB ROAD CUPERTINO, CA 950144166	X					

Signatures

Dave Hoffman by Joel Fernandes, Attorney-in-Fact	01/14/2009
**Signature of Reporting Person	Date

Explanation of Responses:

- If the form is filed by more than one reporting person, see Instruction 4(b)(v).
- $Intentional\ misstatements\ or\ omissions\ of\ facts\ constitute\ Federal\ Criminal\ Violations.\ \textit{See}\ 18\ U.S.C.\ 1001\ and\ 15\ U.S.C.$
- (1) The option vests in twelve equal monthly increments commencing January 9, 2009.

(2) The stock option was granted pursuant to the Threshold Pharmaceuticals, Inc. 2004 Amended and Restated Equity Incentive Plan.

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.