## FORM 4

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

OMB APPROVAL
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

1 Mana a an		s)											
1. Name and Address of Reporting Person* SELICK HAROLD E			2. Issuer Name and Ticker or Trading Symbol THRESHOLD PHARMACEUTICALS INC [THLD]				NC	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  _XDirector _X_Officer (give title below) Other (specify below) Chief Executive Officer					
(Last) (First) (Middle) C/O THRESHOLD PHARMACEUTICALS, INC., 1300 SEAPORT BLVD SUITE 500			3. Date of Earliest Transaction (Month/Day/Year) 06/03/2009					Cnie	1 Executive (	omcer			
(Street) REDWOOD CITY, CA 94063			4. If Amendment, Date Original Filed(Month/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting PersonForm filed by More than One Reporting Person						
(City	)	(State)	(Zip)	Table I - Non-Derivative Securities A			s Acqu	ired, Dispe	osed of, or I	Beneficially (	Owned		
(Instr. 3)		2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	(Instr. 8)	4. Securities Acquired (A) or Disposed of (D (Instr. 3, 4 and 5)		of (D)			ollowing (s)	6. Ownership Form: Direct (D)	7. Nature of Indirect Beneficial Ownership	
			(Monday Day) Tear	Code	V Amo	unt (A) or (D)	Price	(msu. 3 and 4)		or Indirect (I) (Instr. 4)			
Common	Stock		06/03/2009		P	10,0	00 A	\$ 1.55	249,897	(1)		D	
Common Stock 06/05/2009						\$	259,897			_			
Common	Stock		06/05/2009		Р	10,0	00 A	1.48	259,897			D	
		separate line fo	or each class of secur Table II - 1	Derivative Securit	wned direct	ly or indirect Persons vacontained the form of the for	otly.  who respo	1.48 ond to orm are	the collected not requesting the collected not requesting the collected not requesting the collected not request to the collected no			SEC ss	1474 (9-02)
Reminder:	Report on a s		or each class of secur Table II - I	Derivative Securit	wned direct	ly or indirect Persons vacontained the form of the ded, Dispose tions, conv	otly.  who respo l in this fo displays a  d of, or Be ertible seco	1.48  ond to orm are a curre neficial urities)	the collece e not requ ntly valid	ired to res	ormation spond unle trol number	SEC ss r.	, ,
Reminder:	Report on a s	3. Transaction Date (Month/Day/	Table II - I  (n 3A. Deemed Execution Da any	Derivative Securities, puts, calls, was ten if Transaction Code (Instr. 8)	wned direct ies Acquire arrants, op 5.	ly or indired Persons of contained the form of ed, Dispose tions, conv  6. Date Ex and Expira (Month/Da	who respond in this following and of, or Beertible secuercisable tion Date	1.48  ond to orm are curre neficial urities)  7. T Ame Und Second	the collected not requesting the collected not requesting the collected not requesting the collected not request to the collected no	OMB conf	ormation	SEC  SS  T.  Of 10.  Ownersl  Form of Derivati  Security  Direct (1 or Indire	11. Natur of Indire Benefici Owners! (Instr. 4)

#### **Reporting Owners**

	Relationships				
Reporting Owner Name / Address	Director	10% Owner	Officer	Other	
SELICK HAROLD E C/O THRESHOLD PHARMACEUTICALS, INC. 1300 SEAPORT BLVD SUITE 500 REDWOOD CITY, CA 94063	X		Chief Executive Officer		

### **Signatures**

Harold E. Selick by Joel A. Fernandes, Attorney-In-Fact	06/05/2009

**Signature of Reporting Person	Date
Signature of Reporting Ferson	

### **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) Includes 417 shares acquired under the Issuer's Employee Stock Purchase Plan on February 13, 2009 at a per share price of \$1.05.

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.