FORM 4

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

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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

	pe Response														
1. Name and Address of Reporting Person* HOFFMANN DAVE			2. Issuer Name and Ticker or Trading Symbol THRESHOLD PHARMACEUTICALS INC [THLD]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable) _X_ Director 10% Owner Officer (give title below) Other (specify below)						
	(Last) (First) (Middle) 1024 BUBB ROAD			3. Date of Earliest Transaction (Month/Day/Year) 05/19/2010											
(Street)										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)	
CUPERTINO, CA 950144166 (City) (State) (Zip)															
1.Title of Security 2. Tr (Instr. 3) Date		2. Transaction Date (Month/Day/Year)			3. Tra		saction 4.	I. Securities Acquired A) or Disposed of (D) Instr. 3, 4 and 5)		Transaction(s)		eneficially 6	Ownership orm:	7. Nature of Indirect Beneficial	
				(Month/Day/Y		(Year)		V A	mount (A) or (D)	Price	nstr. 3 and 4)		(Direct (D) (or Indirect (I) (Instr. 4)	Ownership Instr. 4)
Reminder:	report on a								s who respon orm are not re					su seci	474 (9-02)
	·		Table II -					in this f displays	s who respon orm are not re s a currently v sed of, or Bene nvertible secur	equired to valid OM	to respond B control r	unless the umber.	e form		4/4 (9-02)
1. Title of	·	*****	3A. Deemed Execution Date, if	4. Transact	tion 5. Solution of School (I	s, warr Numb	er 6 ative es (I (A) sed	in this f displays ired, Dispo options, co	orm are not rest a currently vessed of, or Benearly reisable and Date	equired to valid OM officially Of	to respond B control rewned wned and Amount clying s	unless the umber.		Ownersh Form of Derivativ Security: Direct (D or Indirec	11. Nature of Indire Benefic Owners (Instr. 4
1. Title of Derivative Security	2. Conversion or Exercise Price of Derivative	Date	3A. Deemed Execution Date, if any	4. Transact	tion 5. Solution of School (I	Numb Derivate curities cquired Dispo (D) nstr. 3,	rants, or er 6 attive Es (I (A) sed 4,	in this f displays ired, Dispo options, con 5. Date Exe Expiration 1	sed of, or Beneavertible secur rcisable and Date //Year)	ficially Oities) 7. Title a of Under Securitie	to respond B control rewned wned and Amount clying s	8. Price of Derivative Security	9. Number of Derivative Securities Beneficially Owned Following Reported	Ownersh Form of Derivativ Security: Direct (D or Indirec	11. Nature of Indire Benefic Owners (Instr. 4

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	05/21/2010
**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 option vests in twelve equal monthly increments commencing May 19, 2010.

(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.