## 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

(Print or Ty	pe Response	s)														
1. Name and Address of Reporting Person * SELICK HAROLD E				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 _X_ Officer (give title below)  Chief Executive Officer						
	RESHOLD		(Middle) CEUTICALS, SUITE 500		te of Earlie 9/2011	st Tra	nsactio	on (Mo	onth/Day	/Year)			Cnie	1 Executive	Officer	
REDWO	OD CITY	(Street) , CA 94063		4. If A	Amendmen	t, Date	e Orig	inal Fi	iled(Month	/Day/Year)	1	_X_ Form fil	ual or Joint/o ed by One Repo ed by More than	orting Person		able Line)
(City	)	(State)	(Zip)		7	able	I - No	n-Der	ivative S	Securitie	s Acqı	iired, Disp	osed of, or l	Beneficially	Owned	
(Instr. 3) Date		2. Transaction Date (Month/Day/Year)	Execut	2A. Deemed Execution Date, if any (Month/Day/Year)		(Instr. 8)		4. Securities Acquire (A) or Disposed of (I (Instr. 3, 4 and 5)		of (D)	Beneficial	nt of Securities lly Owned Following Transaction(s)		Ownership Form: Direct (D)	7. Nature of Indirect Beneficial Ownership	
				(**************************************			Code	V Amount (A) or (D) Prior		Price					(Instr. 4)	
Common	Stock		08/09/2011				<del>3(2)</del>		36,000	D	\$ 0 (2)	336,321	(1)		D	
Common	Stock		08/09/2011			(	3 <mark>(2)</mark>		18,000	A	\$ 0 (2)	19,515			I	Held by Daughter
Reminder:	Report on a s	separate line fo	or each class of secu	rities be	eneficially	owned	l direc	Pers	ons wh	o respo	rm ar	e not requ	ction of inf uired to res OMB con	spond unl	ess	C 1474 (9-02)
					tive Secur its, calls, v							lly Owned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Y	on 3A. Deemed Execution Day (Year) any	4. Transaction Code Year) (Instr. 8)		5. Num of Deri Secu Acq (A) Disp of (I (Inst	5. 6. I Number and		Date Exercisable I Expiration Date onth/Day/Year)		7. T Am Und Sec	Fitle and nount of derlying curities str. 3 and		9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)	Owner Form of Deriva Securi Direct or Indi	of Benefici Ownersl ty: (Instr. 4)
					Code V	(A)	(D)	Date Exer		Expiration Date	Titl	Amount or Number of Shares				

### **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	08/10/2011

**Signature of Reporting Person	Date
2-8	

#### **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 3,000 shares acquired under the Issuer's Employee Stock Purchase Plan on August 13, 2010 and 3,000 shares acquired under the Issuer's Employee Stock Purchase Plan on February 12, 2011 at a per share price of \$1.003.
  - This transaction involved a gift of securities by the reporting person to his daughter and son, each receiving 18,000 shares. His daughter shares the reporting person's
- (2) household. The reporting person disclaims beneficial ownership of the shares held by his daughter, and this report should not be deemed an admission that the reporting person is the beneficial owner of his daughter's shares for purposes of Section 16 or for any other purpose.

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.