

(Print or Type Responses)

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

OMB APPROVAL				
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### INITIAL STATEMENT OF 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

Name and Address of Reporting Person *  Pearce Tillman				3. Issuer Name and Ticker or Trading Symbol THRESHOLD PHARMACEUTICALS INC [THLD]				
(Last) (First) (Middle) 170 HARBOR WAY, SUITE 300	02/10/2012			4. Relationship of Issuer		` /	5. If Amendment, Date Original Filed(Month/Day/Year)	
(Street) SOUTH SAN FRANCISCO, CA 94080				Director X_ Officer (give tit below)	all applicable)    10% Owner	Applicable I  X_Form fi	6. Individual or Joint/Group Filing(Check Applicable Line) _X_Form filed by One Reporting Person Form filed by More than One Reporting Person	
(City) (State) (Zip)	Table I - Non-Derivative Securities Beneficially Owned					wned		
1.Title of Security (Instr. 4)			ount of Sec cially Own 4)	ed		4. Nature of Indire (Instr. 5)	ct Beneficial Ownership	
Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.  SEC 1473 (7-02)  Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.								
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)								
(Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Securities Underlying Derivativ Security (Instr. 4)		Price of Derivative	Form of Derivative Security: Direct	6. Nature of Indirect Beneficial Ownership (Instr. 5)	
_	eate Expir xercisable Date	ration	Amoun Shares	t or Number of	Security	(D) or Indirect (I) (Instr. 5)		

### **Reporting Owners**

		Relationships				
Reporting Owner Name / Address		Director	10% Owner	Officer	Other	
	Pearce Tillman 170 HARBOR WAY, SUITE 300 SOUTH SAN FRANCISCO, CA 94080			Chief Medical Officer		

## **Signatures**

Tillman Pearce	02/17/2012
**Signature of Reporting Person	Date

### **Explanation of Responses:**

### No securities are beneficially owned

- \* If the form is filed by more than one reporting person, see Instruction 5(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).

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.

#### POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS, that the undersigned hereby constitutes and appoints Joel Fernandes his true and lawful attorney-in-fact to:

- 1) execute for and on behalf of the undersigned, in the undersigned's capacity as an officer and/or director of Threshold Pharmaceuticals, Inc. (the "Company"), any and all Forms 3, 4 and
- 2) do and perform any and all acts for and on behalf of the undersigned which may be necessary or desirable to complete and execute any such Form 3, 4 or 5 and timely file such form with
- 3) take any other action of any type whatsoever in connection with the foregoing which, in the opinion of the attorney-in-fact, may be of benefit to, in the best interest of, or legally r
  The undersigned hereby grants to each such attorney-in-fact full power and authority to do and perform all and every act and thing whatsoever requisite, necessary, and proper to be done in
  This Power of Attorney shall remain in full force and effect until the undersigned is no longer required to file Forms 3, 4 and 5 with respect to the undersigned's holdings of and transact
  IN WITNESS WHEREOF, the undersigned has caused this Power of Attorney to be executed as of the 17th day of February, 2012.

/s/Tillman Pearce