FORM 4

heck this box if no

Check this box 11 no longer subject to Section 16. Form 4 or Form 5 obligations may continue. *See* Instruction 1(b).

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

OMB APPROVAL

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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

		and the second s											_	
1. Name and Address of Reporting Person *- SELICK HAROLD E				2. Issuer Name and Ticker or Trading Symbol THRESHOLD PHARMACEUTICALS INC [THLD]					_x	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) _X_ Director _X_ Officer (give title below)				
(Last) (First) (Middle) C/O THRESHOLD PHARMACEUTICALS, INC., 170 HARBOR WAY, SUITE 300				3. Date of Earliest Transaction (Month/Day/Year) 05/16/2014							Chief E	executive Office	er	
(Street) SOUTH SAN FRANCISCO, CA 94080				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				
(Ci	(City) (State) (Zip) Table I - Non-Derivative Securi				vative Securiti	es Acquired	, Disposed	of, or Benef	icially Owned	l				
1.Title of S (Instr. 3)	Security		2. Transaction Date (Month/Day/Year	r) any	on Date, if		8) (.	A) or Disposed of Instr. 3, 4 and 5) (A) or (D) (A) or (D)	Of (D) Own Trai (Ins		ecurities Berng Reported	(F I c	Ownership form:	Beneficial Ownership
Reminder:	Report on a s	separate line for each	n class of securities b	eneficially	y owned dire	ectly or		s who respon	d to the co	llection of	f informati	on containe	d SEC 1	474 (9-02)
Reminder:	Report on a s	separate line for each		- Derivati	ive Securitie	es Acq	Person in this ta curre	s who respon form are not r ntly valid OMI	equired to B control n	respond ι umber.				474 (9-02)
	2. Conversion or Exercise Price of Derivative Security	3. Transaction	Table II 3A. Deemed Execution Date, if	- Derivati (e.g., pur 4. Transaction Code	ive Securitic ts, calls, was	es Acq rrants, er of /e s l (A) sed of	Person in this a curre uired, Dispo	form are not rently valid OMI osed of, or Beneral osecures of the secure of the secur	equired to B control n	respond umber. ned Amount	8. Price of	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s	Ownersh Form of Derivativ Security: Direct (I or Indire	(Instr. 4
1. Title of Derivative Security	2. Conversion or Exercise Price of Derivative	3. Transaction	Table II 3A. Deemed Execution Date, if any	- Derivati (e.g., pui 4. Transactic Code (Instr. 8)	ive Securitie ts, calls, was 5. Numb Derivativ Securitie Acquirec or Dispo (D) (Instr. 3,	es Acq rrants, er of /e s l (A) sed of	Person in this is a curre uired, Disposoptions, co	form are not rently valid OMI seed of, or Beneral Security of the security of	equired to B control n eficially Own ities) 7. Title and of Underlying Securities	respond umber. ned Amount	8. Price of Derivative Security	9. Number of Derivative Securities Beneficially Owned Following Reported	10. Ownersh Form of Derivativ Security: Direct (I or Indire	11. Nat of Indir Benefic Owners (Instr. 4

Reporting Owners

	Relationships				
Reporting Owner Name / Address	Director	10% Owner	Officer	Other	
SELICK HAROLD E C/O THRESHOLD PHARMACEUTICALS, INC. 170 HARBOR WAY, SUITE 300 SOUTH SAN FRANCISCO, CA 94080	X		Chief Executive Officer		

Signatures

/s/ Harold E. Selick	05/16/2014
**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 48 equal monthly installments over a four-year period beginning on the date of grant of May 16, 2014.

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.