# FORM 4

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

OMB APPRO	JVAL
OMB Number:	3235-0287
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hours per response	0.5

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

(Finit of Ty	pe Response	3)													
1. Name and Address of Reporting Person* Fernandes Joel A			2. Issuer Name and Ticker or Trading Symbol THRESHOLD PHARMACEUTICALS INC [THLD]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director X Officer (give title below)  VP, Finance & Controller					
(Last) (First) (Middle) C/O THRESHOLD PHARMACEUTICALS, INC., 170 HARBOR WAY, SUITE 300				3. Date of Earliest Transaction (Month/Day/Year) 05/16/2014								VF, FIII	ance & Conti	onei	
(Street) SOUTH SAN FRANCISCO, CA 94080				4. If Amendment, Date Original Filed(Month/Day/Year)						_X_1	6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person _Form filed by More than One Reporting Person				
SOUTH (Cit		(State)	(Zip)			Tal	ble I - N	Non-Deriv	vative Securitie	s Acquired,	, Disposed	of, or Bene	ficially Own	ed	
1.Title of S (Instr. 3)	Security		2. Transaction Date (Month/Day/Year)	2A. Dee Executi any (Month	on Date	, if Co	Transacode nstr. 8)	(A	A) or Disposed on str. 3, 4 and 5)  (A) or (D)	of (D) Own Tran		ecurities Being Reporte	d	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
Reminder:	Report on a s	separate line for each	class of securities l	beneficial	lly own	ed dire	ctly or i	indirectly.							
Reminder:	Report on a s	separate line for each		Derivati	ive Secu	rities	Acquir	Persons in this f displays	s who respon- form are not re s a currently v	equired to valid OMB ficially Own	respond control n	unless the		ed SEC	1474 (9-02)
	·	·	Table II -	Derivati	ive Secu	rities warra	Acquir	Persons in this f displays red, Dispo	s who respond form are not rest a currently was essed of, or Bene envertible securi	equired to valid OMB ficially Owi	respond control n	unless the umber.	e form		, ,
1. Title of	2. Conversion	3. Transaction	Table II -  3A. Deemed Execution Date, if	Derivati (e.g., put 4. Transac Code	ive Secutes, calls  5. Securition of Security or of (In	rities warr	Acquir ants, oper 6. Extive Ex (M)	Persons in this f displays red, Dispo	s who respondered form are not respondered for a currently was a currently was a currently was a currently security of the sec	equired to valid OMB ficially Own	respond control n ned d Amount ing	unless the umber.	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction	f 10. Owners Form of Derivati Security Direct ( or Indirect)	11. Natur of Indirect Beneficia Ownersh (Instr. 4)
1. Title of Derivative Security	2. Conversion or Exercise Price of Derivative	3. Transaction Date	Table II -  3A. Deemed Execution Date, if any	Derivati (e.g., put 4. Transac Code	ive Secuts, calls  5. Set or of (In and	Number Derivatives quired Dispose (D) str. 3, 415)	Acquir ants, oper 6. Extive Exs (A) sed 4,	Persons in this f displays red, Dispo ptions, con Date Exe xpiration 1	s who respondered form are not respondered for the security of	equired to valid OMB ficially Own ities)  7. Title and of Underlying Securities	respond control n ned d Amount ing	8. Price of Derivative Security	9. Number of Derivative Securities Beneficially Owned Following Reported	f 10. Owners Form of Derivati Security Direct ( or Indir	11. Natur of Indirect Beneficia Ownersh (Instr. 4)

#### **Reporting Owners**

	Relationships				
Reporting Owner Name / Address	Director	10% Owner	Officer	Other	
Fernandes Joel A C/O THRESHOLD PHARMACEUTICALS, INC. 170 HARBOR WAY, SUITE 300 SOUTH SAN FRANCISCO, CA 94080			VP, Finance & Controller		

### **Signatures**

/s/ Harold E. Selick, Attorney-in-Fact	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.