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

(Fint of Ty	pe Response	5)													
1. Name and Address of Reporting Person* SIMON ROBERT L				2. Issuer Name and Ticker or Trading Symbol THRESHOLD PHARMACEUTICALS INC [THLD]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable) — Director — Officer (give title below) — Other (specify below) Senior Vice President					
(Last) (First) (Middle) C/O THRESHOLD PHARMACEUTICALS, INC., 170 HARBOR WAY, SUITE 300 (Street) SOUTH SAN FRANCISCO, CA 94080				Date of Earliest Transaction (Month/Day/Year) 05/16/2014 4. If Amendment, Date Original Filed(Month/Day/Year)								Senio	r vice Presid	ent	
										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				
SOUTH (Cit		(State)	(Zip)			Tabl	e I - No	on-Deriv	ative Securitie	s Acquired	, Disposed	of, or Bene	ficially Own	ed	
1.Title of S (Instr. 3)	Security		2. Transaction Date (Month/Day/Year)	any	emed on Date, /Day/Yea	(Ins	ransact le tr. 8)	(A	Securities Acqual or Disposed on Str. 3, 4 and 5) (A) or (D)	of (D) Owr 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 owne	direct	ly or in	directly.							
Reminder:	Report on a s	separate line for eacl		- Derivati	ive Secui	ities A	i i cquire	Persons in this f displays	s who respond orm are not rest a currently was	equired to valid OMB ficially Ow	respond control n	unless the		ed SEC	1474 (9-02)
			Table II -	Derivati	ive Secur	ities A varran	cquired	Persons in this f displays d, Dispo	s who respon orm are not re s a currently v sed of, or Bene nvertible securi	equired to valid OMB ficially Ow ities)	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 Seculity, calls, 5. N of I Sec or I of (i	umber erivativities uired (aisposed))	cquirects, opt 6. C Exp (Mo	Persons in this f displays d, Dispo	s who respon orm are not re s a currently vested of, or Bene nevertible securicisable and Date	equired to valid OMB ficially Ow	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 Derivat Security Direct (or Indir	11. Natur of Indirec 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 Securits, calls, 5. N tion of I Sec or I of ((Ins	ities A varran umber erivativirities uired (A isposeco) r. 3, 4, 5)	cquirects, opt 6. Exp (Mo	Persons in this f displays d, Dispo tions, con Date Exe biration I onth/Day	s who respon- orm are not res s a currently vised of, or Bene nvertible securi- reisable and Date //Year)	required to valid OMB ficially Ow ities) 7. Title and of Underly 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 Derivat Security Direct (or Indir	11. Natur of Indirec Beneficia Ownersh (Instr. 4)

Reporting Owners

	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
SIMON ROBERT L C/O THRESHOLD PHARMACEUTICALS, INC. 170 HARBOR WAY, SUITE 300 SOUTH SAN FRANCISCO, CA 94080			Senior Vice President			

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.