| FORM | 4 |
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| Check this box if no |
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| longer subject to |
| Section 16. Form 4 or |
| Form 5 obligations |
| may continue. See |
| Instruction 1(b). |
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(Print or Type Re

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

OMB APPROVAL OMB Number: 3235-0287 Estimated average burden hours per response... 0.5

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 Type Respons | ses) | | | | | | | | | | | | |
|--|---|--|--|-------------------------------|---|---|---------------|---|--|----------------------------------|-------------------------|--|--|
| 1. Name and Address Davar Nipun | 2. Issuer Name and THRESHOLD P [THLD] | | | · · | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director10% Owner XOfficer (give title below)Other (specify below) | | | | | | | |
| (Last) C/O THRESHOL INC., 170 HARB | TICALS, | 3. Date of Earliest Transaction (Month/Day/Year) 05/16/2014 | | | | | | Vice President | t | | | | |
| SOUTH SAN FR | | 4. If Amendment, Date Original Filed(Month/Day/Year) | | | | | | 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 Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | |
| 1.Title of Security (Instr. 3) | | 2. Transaction Date (Month/Day/Year) | Execution Date, if | n Date, if Code (Instr. 8) | | (A) or Disposed of (D) (Instr. 3, 4 and 5) | | of (D) | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) | Ownership Form: Direct (D) | Beneficial Ownership | | |
| | | | | Code | v | Amount | (A) or (D) | Price | | or Indirect (I) (Instr. 4) | (Instr. 4) | | |

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

Persons who respond to the collection of information contained SEC 1474 (9-02) in this form are not required to respond unless the form displays a currently valid OMB control number.

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

| | (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | |
|--------------------------------------|--|------------------|---|------|-----------|----------------------------|--|--|--------------------|-----------------|--|--------------------------------------|--|---|------------|
| Security (Instr. 3) | Conversion | (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | Code | tion) | 5. Number of Derivative | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | · / | | Derivative Security (Instr. 5) | Derivative Securities Beneficially Owned Following | Derivative Security: Direct (D) or Indirect (I) | Beneficial |
| | | | | Code | v | (A) | | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | (Instr. 4) | (Instr. 4) | |
| Stock Option (right to buy) | \$ 3.62 | 05/16/2014 | | А | | 70,000 | | <u>(1)</u> | 05/15/2024 | Common Stock | 70,000 | \$ 0 | 70,000 | D | |

Reporting Owners

| | Relationships | | | | | | | |
|--|---------------|--------------|----------------|-------|--|--|--|--|
| Reporting Owner Name / Address | | 10% Owner | Officer | Other | | | | |
| Davar Nipun C/O THRESHOLD PHARMACEUTICALS, INC. 170 HARBOR WAY, SUITE 300 SOUTH SAN FRANCISCO, CA 94080 | | | Vice President | | | | | |

Signatures

| /s/ Nipun Davar | 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.