FORM 4

Check this box if no

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

longer subject to Section 16. Form 4 or Form 5 obligations may continue. *See* Instruction 1(b).

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 Ty	pe Response	s)														
1. Name and Address of Reporting Person * Davar Nipun			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) Vice President 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Officer (give title below) Vice President						
(Continue of the continue of t			Date of Earliest Transaction (Month/Day/Year) 02/26/2015 4. If Amendment, Date Original Filed(Month/Day/Year)								VI	ce President				
									X	6. Individual or Joint/Group Filing(Check Applicable Line) Form filed by One Reporting Person Form filed by More than One Reporting Person						
(Ci		(State)	(Zip)			Ta	able l	- Non-De	rivative	Securition	es Acquired	, Disposed	of, or Benef	icially Owner	<u> </u>	
1.Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Yea		2A. Deemed Execution Date, if any (Month/Day/Year		oate, if C	(Instr. 8)		4. Securities Acq (A) or Disposed of (Instr. 3, 4 and 5)		of (D) Owned Follow				Ownership Form:	7. Nature of Indirect Beneficial Ownership		
				(, , , , , ,	Cod	le V	Amount	(A) or (D)	Price	or Indirect (I)		or Indirect I)		
Reminder:	Report on a	separate line for each	h class of securities b	eneficial	lly owi	ned direc	etly or									
Reminder:	Report on a	separate line for each		- Deriva	ntive So	ecurities	s Acq	Perso in this a cur	ns who form a ently va posed of,	re not re llid OME or Bene	equired to 3 control r ficially Ow	respond ι number.		on containe form displa		1474 (9-02)
1. Title of Derivative Security (Instr. 3)	2.	3. Transaction Date	Table II 3A. Deemed Execution Date, if	- Deriva (e.g., p 4. Transac Code	ative Souts, cauts, cau	ecurities alls, warr	s Acquerants, or of e	Perso in this a cur	ens who s form a rently va posed of, convertib xercisable n Date	or Bene ole secur	equired to 3 control r ficially Ow	respond unumber. ned I Amount ing	8. Price of		f 10. Owners Form of Derivati Security Direct (or Indire	11. Natur of Indirec Beneficia Ownershi (Instr. 4)
1. Title of Derivative Security	2. Conversion or Exercise Price of Derivative	3. Transaction	Table II 3A. Deemed Execution Date, if any	- Deriva (e.g., p 4. Transac Code	ative Souts, cauts, cau	decurities alls, warr Number Derivative Securities Acquired or Dispose D) Instr. 3, 4	s Acquerants, or of e	Person in this a curred, Disoptions, 6. Date Expiration	posed of, convertib exercisable n Date day/Year)	re not relid OMB or Bene ele secur e and	required to 3 control reficially Own ities) 7. Title and of Underly Securities	respond unumber. ned I Amount ing	8. Price of Derivative Security	9. Number o Derivative Securities Beneficially Owned Following Reported	f 10. Owners Form of Derivati Security Direct (or Indire	11. Natur of Indirec Beneficia Ownershi (Instr. 4)

Reporting Owners

	Relationships				
Reporting Owner Name / Address	Director	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/ Joel A. Fernandes, Attorney-In-Fact	03/02/2015
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 February 26, 2015.

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.