## FORM 4

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

OMB APPROVAL
OMB Number: 3235-0287
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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

(Print or Ty	pe Response	s)															
1. Name and Address of Reporting Person* YOUNGER WILLIAM H JR				THE	2. Issuer Name and Ticker or Trading Symbol THRESHOLD PHARMACEUTICALS INC [THLD]							Direc	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director Officer (give title below)  Check all applicable  Owner Other (specify below)				ow)
` .	(Last) (First) (Middle) 755 PAGE MILL ROAD, SUITE A-200				3. Date of Earliest Transaction (Month/Day/Year) 12/20/2010												
(Street) PALO ALTO, CA 94304-1005				4. If <i>i</i>	4. If Amendment, Date Original Filed(Month/Day/Year)							_X_ Form fi	6. Individual or Joint/Group Filing(Check Applicable Line) _X_Form filed by One Reporting PersonForm filed by More than One Reporting Person				
(City	·)	(State)	(Zip)			Table 1	I - No	n-De	erivative	Securit	ies Acc	quired, Disp	osed of, or l	Beneficia	lly Ow	ned	
1.Title of S (Instr. 3)	ecurity		2. Transaction Date (Month/Day/Year)	Execut	(Month/Day/Year)			4. Secur (A) or D (Instr. 3,	isposed	of (D)	Beneficiall	of Securities y Owned Following ransaction(s) d 4)		Form: Direct	ect (D) Ownership Indirect (Instr. 4)		
Common	Stock		12/20/2010			J	1)		306	A	\$ 0 (1)	56,561			I	By Part	Ltd
Common	Stock		12/20/2010			J	<u>(1)</u>		306	D	\$ 0 (1)	0			Ι	By (3)	Spouse
Common	Stock											87,142			I	Sha	Profit ring 1 Trust
Common	Stock											21,507			I	(So	Trust le stee) (5)
Reminder:	Report on a s	separate line t	for each class of secu Table II -	Deriva	ntive Secur	rities A	cquir	Per cor the	rsons whatained in form die	no responding this is splays	form a a cur Senefic	re not requirently valid	ction of inf uired to res I OMB con	spond u	nless	SEC 14	174 (9-02)
1 Title of	2	2 Tuomas ati	an 2A Daamad	` ' '	uts, calls,	warrai	nts, o						Q Duina of	O Manual	6	10	11 Notus
Security	Conversion		on 3A. Deemed Execution D any (Month/Day	ate, if	Code	of Deri Secu Acq (A)	nber and Expiration Date (Month/Day/Year)  vative urities uired or onosed D)  r. 3,		A U Se		ount of derlying urities str. 3 and Derivative Security (Instr. 5)  Derivative Security (Instr. 5)  Benefi Owned Follow Report Transa (Instr.		ve Ownership es Form of hally Derivative Security: Direct (D) or Indirect tion(s) (I)				
								Da Ex	ite ercisable	Expirat Date	tion T	Amount or Number of					

### **Reporting Owners**

	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		

#### **Signatures**

Robert Yin, by power of attorney	12/21/2010
**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) These shares represent a contribution from the spouse of the reporting person to a limited partnership of which the reporting person is the trustee of a trust which is the General Partner
- (2) Shares held by a limited partnership of which the reporting person is the trustee of a trust which is the General Partner. The reporting person disclaims beneficial ownership in these shares except as to the reporting person's pecuniary interest therein.
- (3) Shares held by the spouse of the reporting person. The reporting person disclaims beneficial ownership in these shares.
- (4) Shares held by SHV Profit Sharing Plan, a retirement trust, for the benefit of the reporting person.
- (5) Shares held by a trust of which the reporting person is the trustee. The reporting person disclaims beneficial ownership in these shares except as to the reporting person's pecuniary interest therein.

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.