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

OMB APPR	OVAL
OMB Number:	3235-0287
Estimated average I	burden
hours par response	0.5

<u>(3)</u>

5. Relationship of Reporting Person(s) to Issuer

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

(Print or Type Responses)

#### 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

1. Name and Address of Reporting Person *- ANDERSON DAVID L				2. Issuer Name and Ticker or Trading Symbol THRESHOLD PHARMACEUTICALS INC [THLD]							D	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director Officer (give title below)  Other (specify below)						
755 PAGE MILL ROAD, SUITE A-200				3. Date of Earliest Transaction (Month/Day/Year) 03/11/2011														
(Street)				4. If Amendment, Date Original Filed(Month/Day/Year)							_X_ For	6. Individual or Joint/Group Filing(Check Applicable Line)  _X_Form filed by One Reporting Person _Form filed by More than One Reporting Person						
PALO AI		04304-1005 (State)	(Zip)															
1.Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Year)			2A. Deemed 3. Transact: Execution Date, if Code			tion 4. Securities Acquired (A) or Disposed of (D)				uired, Disposed of, or Beneficially Ov 5. Amount of Securities Beneficially Owned Following Reported Transaction(s)			6. Ownership Form:	7. Nature of Indirect Beneficial				
				(Month/	/Day/Year		ode	V	Amount	(A) or (D)	Price	(Instr. 3 and 4) Direct (D) Ov			Ownership (Instr. 4)			
Common	Stock		03/11/2011			P	<u>(1)</u>	1	16,649		\$ 2.1 (2)	34,594	94			I	By Ltd Partnership	
Common	Stock											64,199	199			I	By Profit Sharing Plan Trust (4)	
Common Stock												6,837	837			I	By Trust (5)	
Reminder: F	Report on a se	eparate line for each	class of securities be	eneficiall	y owned o	lirectly		Perso in this	ons wh	are not	require		spond		ition conta e form dis		EC 1474 (9-02)	
			Table II		itive Secui							y Owned	l					
1. Title of Derivative Security (Instr. 3)  2. Conversion or Exercise Price of Derivative Security		3. Transaction Date (Month/Day/Year)	4. 5. Number 6. Do Expi			ate Exercisable and 7. Titl of Unc nth/Day/Year) 7. Securi			3 and 4) (Instr. 5) Bene Own-Follo Repo			Owners Form o  Derivat Securit Direct (  or India	Ownership (Instr. 4)  Output  D)  ect					
				Code	V (A)	) (D)		e rcisable		ration	Title	or N of	umber					
Common Stock	\$ 2.46	03/11/2011		P(1)	6,66	50	03/1	16/201	11 03/1	16/2016	Com	imon 6	,660	\$ 2.1 (2)	6,660	I	By Ltd Partnershi	

Stock

# **Reporting Owners**

Warrant

	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
ANDERSON DAVID L 755 PAGE MILL ROAD, SUITE A-200 PALO ALTO, CA 94304-1005		X				

# **Signatures**

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**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) Acquired from Issuer pursuant to Underwriting Agreement dated March 11, 2011.
- (2) Purchase price per unit. Each unit consists of 1 common share and a warrant to purchase 0.4 of a share of common stock at an exercise price of \$2.46 per share.
- (3) 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.
- (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.