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 Typ	e Responses)																		
1. Name and Address of Reporting Person *- SWEET DAVID E				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)									
755 PAG		(First) OAD, SUITE A	• • •	3. Date o			ransac	tion (Montl	h/Day	/Year	r)								
DALOAI	TO CAR	(Street)		4. If Ame	endn	nent, D	ate Or	iginal	Filed	(Month	/Day/Y	(ear)		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		04304-1005 (State)	(Zip)				Table	I - N	on-De	erivat	ive S	ecuritie	es Acqu	lired, l	Disposed	of, or Benef	ficially Owr	ed		
1.Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Yea						Date, if	(Instr. 8)		4. Securities Acc (A) or Disposed (Instr. 3, 4 and 5		sposed o	of (D) O 5) T		5. Amount of Securities Beneficially Owned Following Reported Transaction(s)			Forn	nership of B	7. Nature of Indirect Beneficial	
				(Month	/Day	//Year)		ode	V	Amo		(A) or (D)	Price	(Instr. 3 and 4) Direct (D) or Indirect (I) (Instr. 4)			ndirect (I	wnership nstr. 4)		
Common	Stock		03/11/2011				P	<u>(1)</u>		5,73	38	A	\$ 2.1 (<u>2</u>)	34,1	4,102		I		P S P	rofit haring lan rust (3)
Common	Stock													2,302				I	B (4	y Trust
Reminder: F	Report on a se	eparate line for each	class of securities b		ive S	Securit	ies Ac	i i quire	Perso in this a cur d, Dis	ons was fori	m ardy val	e not ro lid OME or Bene	equire 3 conti	d to re	espond mber.	f informati unless the			SEC 14	74 (9-02)
1. Title of	2.	3. Transaction	3A. Deemed	4.		5. Nu		6. Da	ate Ex	ercisa	ıble a		7. Tit		Amount		9. Number		0.	11. Natur
Derivative Security (Instr. 3)	Conversion or Exercise Price of Derivative Security		Execution Date, if any (Month/Day/Year)	Code		of Deriva Securi Acqui (A) or Dispo of (D) (Instr. and 5)	red sed 3, 4,			n/Day/Year) Secu		Secur	of Underlying Securities (Instr. 3 and 4)		Derivative Security (Instr. 5)	Derivative Securities Beneficiall Owned Following Reported Transaction (Instr. 4)	Form o Derivat Securit Direct (or Indin	Form of Derivative Security: Direct (D) or Indirect	(Instr. 4)	
				Code	V	(A)	(D)		cisabl		Expira Date	ation	Title		Amount or Number of Shares					
Common Stock Warrant	\$ 2.46	03/11/2011		P ⁽¹⁾		2,295	5	03/1	16/20)11 (03/10	6/2016	١ ١	nmon ock	2,295	\$ 2.1 ⁽²⁾	2,295		I	By Profit Sharing Plan Trust

Reporting Owners

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

Signatures

Robert Yin, by power of attorney	03/15/2011
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 SHV Profit Sharing Plan, a retirement trust, for the benefit of the reporting person.
- (4) Shares held by a trust of which the reporting person is a 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.