FORM 4

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

OMB APPRO	OVAL
OMB Number:	3235-0287
Estimated average b	urden
hours per response	. 0.5

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 *- WHITE JAMES N				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)					
(Last) (First) (Middle) 755 PAGE MILL ROAD, SUITE A-200				3. Date of Earliest Transaction (Month/Day/Year) 03/11/2011														
(Street) PALO ALTO, CA 94304-1005				4. If Amendment, Date Original Filed(Month/Day/Year)								_X_ Fo	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 Acqui							quired, 1	ired, Disposed of, or Beneficially Owned						
1.Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Yea				2A. Deemed Execution Date, if any (Month/Day/Year)			(Instr. 8)		v	(A) or Disposed of (Instr. 3, 4 and 5)		of (D)					6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership
Common	Stock		03/11/2011					(1)		22,72		\$ 2.1		40,119			I	By Trust
Common	Stock												4,076			I	By Profit Sharing Plan Trust (4)	
Reminder: F	Report on a so	eparate line for each	class of securities b					i a	Perso in this a cur	ons wh s form rently	are not valid OM	requir IB cor	ed to r	espond (imber.		ion contair form disp		2 1474 (9-02)
		Ι .		(e.g., pu		alls, wa	rrant	ts, opt	ions,	conver	tible secu	rities)				l .		
1. Title of Derivative Security (Instr. 3) 1. Transaction Date (Month/Day/Year) 2. Date (Month/Day/Year) 3. Transaction Date (Execution Date, if any (Month/Day/Year) 4. Transaction of Code (Instr. 8) 5. Number (Month/Day/Year) 6. Month/Day/Year) 6. Month/Day/Year) 7. Transaction of Code (Instr. 8) 8. Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		tive ties red	Expiration Date of Unit (Month/Day/Year) of Unit (Inst.)				curities Security (Instr. 5)		9. Number Derivative Securities Beneficially Owned Following Reported Transactior (Instr. 4)	Owner Form of Deriva Securit Direct or Indi	Owners (Instr. 4) (D)							
				Code	V	(A)	(D)		cisabl		xpiration ate	Titl	e	Amount or Number of Shares				
Common Stock Warrant	\$ 2.46	03/11/2011		P ⁽¹⁾		9,091		03/1	16/20	011 03	3/16/201	h l	mmon stock	9,091	\$ 2.1 (2)	9,091	I	By Tru (3)

Reporting Owners

	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
WHITE JAMES N 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 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.
- (4) Shares held by SHV Profit Sharing Plan, a retirement trust, for the benefit of the reporting person.

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.