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

OMB APPR	OVAL
OMB Number:	3235-0287
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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 *- Pullara Samuel J III				2. Issuer Name and Ticker or Trading Symbol THRESHOLD PHARMACEUTICALS INC [THLD]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director X 10% Owner 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) 10/01/2014												
(Street) PALO ALTO, CA											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	e I - Non-l	Derivativ	e Securi	ties Acqui	ired, Dispose	d of, or Ben	eficially Own	ed	
1.Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Year)				ate, if	(Instr. 8)		4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported Transaction(s)			Ownership I	'. Nature of ndirect		
			(Month/Da		/Year)	Code	e V	Amount	(A) or (D)	Price (I	Instr. 3 and 4)		(Direct (D) or Indirect (I) (Instr. 4)	Ownership Instr. 4)	
Common	Stock		10/01/2014				X		417,050	A	\$ 2.05 4	,942,055	42,055]	By Ltd Partnership SHV) (1)
Common Stock 10/01/2014					S ⁽²⁾		226,657 (2)		\$ 3.772 4	4,715,398]]	By Ltd Partnership SHV) (1)		
Reminder: F	Report on a so	eparate line for each		I - Deriv	vative	Securit	ties Acc	Pers this curr	ons who form are ently val	not red id OMB	quired to s control reficially (respond ur number.		ion contain orm displays		C 1474 (9-02)
1 Title of	2.	3. Transaction	3A. Deemed	(e.g.,		calls, w 5. Numb		6. Date F			1	nd Amount	8. Price of	9. Number o	f 10.	11. Nature o
Derivative Security (Instr. 3)	Conversion	ersion Date Exec ercise (Month/Day/Year) any of rative (Month/Day/Year)	Execution Date, if	Transaction Code S (Instr. 8)				6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)		Derivative Security (Instr. 5)	Derivative Securities Beneficially Owned Following Reported Transaction(s	Ownersh Form of Derivativ Security: Direct (D or Indirects)	Indirect Beneficial Ownership (Instr. 4)	
				Code	V	(A)	(D)	Date Exercisal	Expira Date	ation	Title	Amount or Number of Shares		(Instr. 4)	(Instr. 4)	
Common		10/01/2014		Х		41	7,050	<u>(3)</u>	10/0	5/2014	Commo	141 / 050	\$ 0	0	I	By Ltd Partnershi

	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
Pullara Samuel J III 755 PAGE MILL ROAD, SUITE A-200		Х					
PALO ALTO, CA		71					

Signatures

/s/ Robert Yin, by power of attorney	10/03/2014
**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) Shares held by Sutter Hill Ventures, a California Limited Partnership. The reporting person is a Managing Director of the General Partner of Sutter Hill Ventures, a California Limited Partnership. The reporting person disclaims beneficial ownership in these shares except as to the reporting person's pecuniary interest therein.
- (2) On October 1, 2014, the reporting person exercised a warrant to purchase shares of the issuer's common stock for \$2.05 per share. In accordance with the terms of the warrant, the exercise price was paid on a net basis. The shares disposed of in column 4 represent the number of shares of common stock withheld by the issuer to pay the exercise price.
- (3) 10/05/2009

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.