Edgar Filing: FUCHS HENRY J - Form 4

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Form 4											
May 01, 201	3										
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION							OMB APPROVAL				
	UNITED		CURITIES A Washington			NGE C	OMMISSION	OMB Number:	3235-0287		
Check th if no lon	ger							Expires:	January 31, 2005		
subject t Section	6. STATEN	STATEMENT OF CHANGES IN BENEFICIAL OWNERS SECURITIES						Estimated average burden hours per response 0.5			
Form 5 obligations may continue. See Instruction 1(b). Form 5 Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940							0.0				
(Print or Type	Responses)										
1. Name and Address of Reporting Person <u>*</u> FUCHS HENRY J			2. Issuer Name and Ticker or Trading Symbol BIOMARIN PHARMACEUTICAL				5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
		INC	INC [BMRN]								
(Last) (First) (Middle)			3. Date of Earliest Transaction (Month/Day/Year)				Director 10% Owner Officer (give title Other (specify below) below)				
C/O BIOMARIN PHARMACEUTICAL INC., 105 DIGITAL DRIVE			04/30/2013				EVP, Chief Medical Officer				
			Amendment, D d(Month/Day/Yea	nendment, Date Original Ionth/Day/Year)				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	Securi	ities Acq	uired, Disposed of,	or Beneficial	ly Owned		
1.Title of Security (Instr. 3)	ecurity (Month/Day/Year) Execution Date, if		Code	4. Securit or(A) or Dis (Instr. 3, 4	sposed and f	l of (D)	5. Amount of Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
			Code V	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)				
Common Stock	04/30/2013	04/30/2013	М	20,000	А	\$ 11.05	64,589	D			
Common Stock	04/30/2013	04/30/2013	S	20,000	D	\$ 63.29	44,589	D			

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

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Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transactio Code (Instr. 8)	5. Number of orDerivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount o Underlying Securities (Instr. 3 and 4)	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Share
Stock Option (right to buy)	\$ 11.05	04/30/2013	04/30/2013	М	20,000	09/02/2009 <u>(1)</u>	03/01/2019	Common Stock	20,000

Reporting Owners

Reporting Owner Name / Address	Relationships						
FB	Director	10% Owner	Officer	Other			
FUCHS HENRY J C/O BIOMARIN PHARMACEUTICAL INC. 105 DIGITAL DRIVE NOVATO, CA 94949			EVP, Chief Medical Officer				
Signatures							
/s/ Laura Randall Woodhead, Attorney-in-Fact	05/01/2013						
**Signature of Reporting Person	Date						
Explanation of Responses:							

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) Original option grant vests 6/48ths on September 2, 2009 and 1/48th on the 2nd of each month thereafter.

(2) Reflects the number of stock options that remain outstanding from this specific stock option grant following the reported transaction.

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.