Cooper Jeffrey H Form 4 May 14, 2009

## FORM 4

### **OMB APPROVAL**

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

**OMB** 3235-0287 Number:

Check this box if no longer subject to Section 16. Form 4 or

January 31, Expires: 2005

### STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES**

Estimated average burden hours per response... 0.5

Form 5 obligations may continue. See Instruction

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

1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person ** Cooper Jeffrey H			2. Issuer Name <b>and</b> Ticker or Trading Symbol BIOMARIN PHARMACEUTICAL INC [BMRN]						5. Relationship of Reporting Person(s) to Issuer  (Check all applicable)			
				of Earliest Transaction /Day/Year) /2009					Director 10% Owner Sylvary Officer (give title Other (specify below) below)  SVP, Chief Financial Officer			
NOVATO,		4. If Amendment, Date Original Filed(Month/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)	Tab	le I - No	on-D	erivative	Secu	rities Acqu	iired, Disposed of	, or Beneficiall	y Owned	
1.Title of Security (Instr. 3)	2. Transaction D (Month/Day/Yea	Transaction Date 2A. Deemed  fonth/Day/Year) Execution Date any (Month/Day/Year)			Code (Instr. 3, 4 and 5) (Instr. 8)  (A) or				5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Common Stock	04/30/2009(1)			Code		Amount 1,456	(D)	Price \$ 10.931 (2)	6,502	D		
Common Stock	05/12/2009			A		8,000	A	<u>(3)</u>	14,502	D		

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

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02)required to respond unless the form displays a currently valid OMB control

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#### number.

# 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 or Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4,	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)	\$ 14.39	05/12/2009		A	60,000	11/12/2009(4)	05/11/2019	Common Stock	60,000

## **Reporting Owners**

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

Cooper Jeffrey H C/O BIOMARIN PHARMACEUTICAL INC. 105 DIGITAL DRIVE NOVATO, CA 94949

SVP, Chief Financial Officer

## **Signatures**

G. Eric Davis, Attorney-in-Fact

\*\*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) The reporting person is voluntarily reporting the acquisition of shares of the issuer's common stock pursuant to the issuer's Employee Stock Purchase Program ("ESPP"), for the ESPP purchase period of October 31, 2008 to April 30, 2009.
- (2) In accordance with the ESPP, their shares have been purchased at 85% of the closing price of issuer's common stock on Aptil 30, 2009.
- (3) Restricted stock units granted on May 12, 2009. Price not applicable.
- (4) Options vest 6/48ths on November 12, 2009 and 1/48th on the 12th of each month thereafter.

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.

Reporting Owners 2