Edgar Filing: PROTEIN DESIGN LABS INC/DE - Form 4

PROTEIN D Form 4 June 10, 200	DESIGN LABS I	NC/DE								
FORM									PPROVAL	
	UNITED	STATES		RITIES A Ashington			COMMISSIO	N OMB Number:	3235-0287	
Check the if no long	70 r			U				Expires:	January 31,	
subject to Section 1 Form 4 o	.6.	STATEMENT OF CHANGES IN BENEFICIAL OV SECURITIES						Estimated burden ho response	urs per	
Form 5 obligation may cont <i>See</i> Instru 1(b).	ns Section 17	(a) of the	Public U	Jtility Hol	ding Cor		nge Act of 1934, of 1935 or Secti 940	on		
(Print or Type I	Responses)									
1. Name and Address of Reporting Person <u>*</u> DAWES KAREN A			2. Issuer Name and Ticker or Trading Symbol			Trading	5. Relationship of Reporting Person(s) to Issuer			
			PROTEIN DESIGN LABS INC/D [PDLI]			3S INC/DE	DE (Check all applicable)			
(Last) (First) (Middle)			3. Date of Earliest Transaction (Month/Day/Year)				_X_Director10% Owner Officer (give titleOther (specify below)below)			
	EIN DESIGN LA CAMPUS DRI		06/08/2	2005				0010 (())		
(Street) FREMONT, CA 94555			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)	Tal	ole I - Non-l	Derivative	Securities A	cquired, Disposed	of, or Beneficia	ally Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)		ed Date, if	3. Transactio Code (Instr. 8)	4. Securit	ies (A) or of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect	
				Code V	Amount	(D) Price	(Instr. 3 and 4)			
Reminder: Rep	ort on a separate lin	e for each cl	lass of sec	urities bene	-	-	-			
					inforn requi	nation cont red to resp ays a curre	spond to the colle tained in this forn ond unless the fo ntly valid OMB co	n are not rm	SEC 1474 (9-02)	
	Tal					posed of, or convertible	Beneficially Owned securities)	1		
1. Title of 2.	. 3. Tran	saction Date	e 3A. De	emed	4.	5. Number	of 6. Date Exerci	sable and	7. Title and Amo	

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5. Number of	6. Date Exercisable and	7. Title and Amount of	
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transactio	orDerivative	Expiration Date	Underlying Securities	

8 E

Edgar Filing: PROTEIN DESIGN LABS INC/DE - Form 4

Security (Instr. 3)	or Exercise Price of Derivative Security		any (Month/Day/Year)	Code (Instr. 8)	Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	(Month/Day/Year)		(Instr. 3 and 4)	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Stock Option (right to buy)	\$ 18.28	06/08/2005		A	15,000	<u>(1)</u>	06/08/2015	Common Stock	15,000
Stock Option (right to buy)	\$ 18.28	06/08/2005		А	3,000	(2)	06/08/2015	Common Stock	3,000
Stock Option (right to buy)	\$ 18.28	06/08/2005		А	3,000	(2)	06/08/2015	Common Stock	3,000
Stock Option (right to buy)	\$ 18.28	06/08/2005		A	1,000	(3)	06/08/2015	Common Stock	1,000

Reporting Owners

Reporting Owner Name / Address	Relationships				
	Director	10% Owner	Officer	Other	
DAWES KAREN A					
C/O PROTEIN DESIGN LABS, INC.	х				
34801 CAMPUS DRIVE	Λ				
FREMONT, CA 94555					
Signatures					

/s/ Glen Y. Sato by Glen Y. Sato, Attorney in Fact for Karen A. Dawes	06/10/2005	
**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) Options vest 1/12 per month over one (1) year from the date of the grant. Only vested options are exercisable.
- (2) Options vest 1/12 per month over one (1) year from July 1, 2005. Only vested options are exercisable.
- (3) Options vest 1/4 per month over four (4) months from March 1, 2006. Only vested options are exercisable.

S (.

Edgar Filing: PROTEIN DESIGN LABS INC/DE - Form 4

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.