BIOMARIN PHARMACEUTICAL INC

Form 4 May 19, 2015

FORM 4

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

OMB

Expires:

Check this box if no longer subject to

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

3235-0287 Number: January 31,

2005

OMB APPROVAL

Section 16. Form 4 or Form 5

SECURITIES

Estimated average burden hours per 0.5 response...

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).

Common

Stock

05/19/2015

05/19/2015

G

1.434 A

\$0

(Print or Type Responses)

`	. ,										
1. Name and A BAFFI RO	Address of Reporting BERT	Symbo	2. Issuer Name and Ticker or Trading Symbol BIOMARIN PHARMACEUTICAL INC [BMRN]				5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
(Last) C/O BIOM PHARMAC LINDARO	ARIN CEUTICAL INC.,	(Mont 05/15	3. Date of Earliest Transaction (Month/Day/Year) 05/15/2015				Director 10% Owner X Officer (give title Other (specify below) below) EVP, Technical Operations				
CANDAEA	(Street)		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				
SAN RAFAEL, CA 94901 Person Form fried by More than One Reporting Person											
(City) (State) (Zip) Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned									y Owned		
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, any (Month/Day/Yea	n Date, if Transaction(A) or Disposed of (D) Code (Instr. 3, 4 and 5) Day/Year) (Instr. 8) (A) or			5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. 7. Nature of Ownership Indirect Form: Direct Beneficial (D) or Ownership Indirect (I) (Instr. 4)				
Common Stock	05/15/2015	05/15/2015	Code V F	Amount 1,566	(D)	Price \$ 122.78	104,134	D			
Common Stock	05/19/2015(1)	05/19/2015	G	1,434	D	\$0	102,700	D			

Shares held by

Baffi

Family Trust

27,670

Ι

Edgar Filing: BIOMARIN PHARMACEUTICAL INC - Form 4

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.

SEC 1474

(9-02)

Deriv Secur Bene Own Follo Repo Trans

Table II Derivative Securities Acquired Disposed of an Repolicially Owned

Table II - Derivative Securities Acquired, Disposed of, of Beneficiary Own	leu
(e.g., puts, calls, warrants, options, convertible securities)	

Derivative Security	Conversion or Exercise	(Month/Day/Year)						Amount Underly	t of	Derivative Security
(Instr. 3) Price of Derivative Security			(Month/Day/Year)		Derivative Securities Acquired (A) or	Disposed of (D) (Instr. 3,			es and 4)	(Instr. 5)
				Code '	V (A) (D)		Expiration Date	Title N	Amount or Number of Shares	

Reporting Owners

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

BAFFI ROBERT C/O BIOMARIN PHARMACEUTICAL INC. 770 LINDARO ST. SAN RAFAEL, CA 94901

EVP, Technical Operations

Signatures

1 Title of 2

/s/ Laura Randall Woodhead,
Attorney-in-Fact
05/19/2015

**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) On May 18, 2015 the reporting person gifted 1434 shares of Common Stock to his family trust. The reporting person is the trustee.

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