

MEDAREX INC
Form 4
July 27, 2005

FORM 4

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

OMB APPROVAL

OMB Number: 3235-0287
Expires: January 31, 2005
Estimated average burden hours per response... 0.5

Check this box if no 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, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940

(Print or Type Responses)

1. Name and Address of Reporting Person *
VIDA JULIUS A

(Last) (First) (Middle)

C/O VIDA INTL PHARM
CONSULTANTS, 27 SACHEM
ROAD

(Street)

GREENWICH, CT 06830

(City) (State) (Zip)

2. Issuer Name and Ticker or Trading Symbol
MEDAREX INC [MEDX]

3. Date of Earliest Transaction
(Month/Day/Year)
07/26/2005

4. If Amendment, Date Original Filed(Month/Day/Year)

5. Relationship of Reporting Person(s) to Issuer

(Check all applicable)

Director 10% Owner
 Officer (give title below) Other (specify below)

6. Individual or Joint/Group Filing(Check Applicable Line)

Form filed by One Reporting Person
 Form filed by More than One Reporting Person

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (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) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Ownership (Instr. 4)
Common Stock, par value \$.01 per share				(A) or (D)	93,440	D	
Common Stock, par value \$.01 per share				(A) or (D)	200	I	By son
Common Stock, par value \$.01 per share				(A) or (D)	330	I	By Spouse

Edgar Filing: MEDAREX INC - Form 4

per share

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)

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. Transaction Code (Instr. 8)	5. Number of Derivative 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 of Underlying Securities (Instr. 3 and 4)			
				Code	V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Stock Options (Right to Buy)	\$ 27.17	05/18/2000		A		5,000		11/18/2000	05/17/2010	Common Stock	5,000
Stock Options (Right to Buy)	\$ 45.2	10/13/2000		A		32,000		04/13/2001	10/12/2010	Common Stock	32,000
Stock Options (Right to Buy)	\$ 28.47	05/23/2001		A		2,500		11/23/2001	05/22/2011	Common Stock	2,500
Stock Options (Right to Buy)	\$ 9.625	05/22/2002		A		2,500		11/22/2002	05/21/2012	Common Stock	2,500
Stock Options (Right to Buy)	\$ 7.4795	07/23/2002		A		14,000		01/23/2003	07/22/2012	Common Stock	14,000
Stock Options (Right to Buy)	\$ 5.59	07/24/2003		A		14,000		01/24/2004	07/23/2013	Common Stock	14,000
	\$ 4.885	08/11/2004		A		18,000		02/11/2005	08/10/2014		18,000

Stock Options (Right to Buy)								Common Stock	
Stock Options (Right to Buy)	\$ 9.835	07/26/2005	A	18,000	01/26/2006	07/25/2015		Common Stock	18,000

Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
VIDA JULIUS A C/O VIDA INTL PHARM CONSULTANTS 27 SACHEM ROAD GREENWICH, CT 06830	X			

Signatures

JULIUS A.
VIDA 07/27/2005

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).

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.