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GILEAD SO	CIENCES INC									
Form 4										
February 04	, 2014									
FORM	ΛΔ								PPROVAL	
	UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549							N OMB Number:	3235-0287	
	Check this box						Expires:	January 31,		
if no lon subject t		STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF							2005 average	
Section		SECURITIES burden hours							•	
Form 4 Form 5		~			~ .			response	. 0.5	
obligatio	an a *						nge Act of 1934,			
may cor				•	•	· ·	of 1935 or Secti	on		
See Inst	ruction	30(n) 01	the In	vestment	. Compan	y Act of 1	940			
1(b).										
(Print or Type	Responses)									
	Address of Reporting		2. Issuer	r Name an o	d Ticker or	Trading	5. Relationship	f Reporting Person(s) to		
BISCHOFI	BERGER NORBI	ERT W _{Sy}	ymbol				Issuer			
		G	ILEA	D SCIEN	ICES INC	C [GILD]	(Ch	eck all applicabl	e)	
(Last)	(First) (Middle) 3.	Date of	f Earliest T	ransaction		(Chi	eek un applieasi	()	
		(Month/Day/Year)			Director 10% Owner					
				02/01/2014			X_ Officer (give title Other (specify below) below)			
LAKESIDI	EDRIVE						· · · · · · · · · · · · · · · · · · ·	P, R&D and CS	0	
	(Street)	4.	If Ame	ndment, D	ate Origina	1	6. Individual or	Joint/Group Fili	ng(Check	
		Fil	led(Mor	nth/Day/Yea	r)		Applicable Line)			
X Form filed by One Reporting Person Form filed by More than One Reporting										
FOSTER C	CITY, CA 94404						Person	More than one R	eporting	
(City)	(State)	(Zip)	Tabl	e I - Non-l	Derivative	Securities A	cquired, Disposed	of, or Beneficia	lly Owned	
1.Title of	2. Transaction Date	2A. Deemed		3.	4. Securit	ies	5. Amount of	6. Ownership	7. Nature of	
Security	(Month/Day/Year)	Execution Dat	te, if	Transactio	nAcquired		Securities	Form: Direct	Indirect	
(Instr. 3)		any (Manth (Daw))		Code	Disposed		Beneficially	(D) or Indirect		
		(Month/Day/Y	rear)	(Instr. 8)	(Instr. 3, 4	and 5)	Owned Following	(I) (Instr. 4)	Ownership (Instr. 4)	
						(A)	Reported			
						(A) or	Transaction(s)			
				Code V	Amount	(D) Price	(Instr. 3 and 4)			
Reminder: Po	port on a separate line	e for each class	of seeu	rities bana	ficially over	and directly of	or indirectly			
Kenninuer. Ke	port on a separate line	e for cach class	or secu	intres belle	•	•	mond to the colle	oction of	SEC 1474	

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 number.

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

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5. Number of	6. Date Exercisable and	7. Title and Amoun
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transacti	orDerivative	Expiration Date	Underlying Securit
Security	or Exercise		any	Code	Securities	(Month/Day/Year)	(Instr. 3 and 4)

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(Instr. 3)	Price of Derivative Security		(Month/Day/Year)	(Instr. 8)	Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	f			
				Code V	7 (A) (D) Date Exercisable	Expiration Date	Title	Amo or Num of Sh
Non-Qualified Stock Option (right to buy)	\$ 80.65	02/01/2014		А	57,180	(1)	02/01/2024	Common Stock	57,1

Reporting Owners

Reporting Owner Name / Address	Relationships					
	Director	10% Owner	Officer	Other		
BISCHOFBERGER NORBERT W GILEAD SCIENCES, INC. 333 LAKESIDE DRIVE FOSTER CITY, CA 94404			EVP, R&D and CSO			
Claurature a						

Signatures

/s/ Norbert W.	02/04/2014
Bischofberger	02/04/2014

<u>**</u>Signature of Reporting Person

Explanation of Responses:

* If the form is filed by more than one reporting person, *see* Instruction 4(b)(v).

Date

- ** 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 options have a four year vesting schedule. 25% of the options will vest on the first anniversary date of the grant. The balance will vest 6.25% quarterly thereafter until fully vested.

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.