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GILEAD SCIENCES INC	C									
Form 4										
February 03, 2016										
FORM 4 UNIT	FD STATES	SECU	RITIFS	AND FX	CHANGE	COMMISSION	т	PPROVAL		
	NOMB Number:	3235-0287								
Washington, D.C. 20549 Check this box if no longer subject to STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP O Section 16. SECURITIES Form 4 or Form 4 or							Expires: Estimated burden hou response	urs per		
Form 5 obligations may continue.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 19401(b).										
(Print or Type Responses)										
1. Name and Address of Report Alton Gregg H	Symbol	er Name an		Trading	5. Relationship of Reporting Person(s) to Issuer					
	(Middle)					(Che	ck all applicabl	e)		
(Last) (First) GILEAD SCIENCES, IN LAKESIDE DRIVE	3. Date of Earliest Transaction (Month/Day/Year)02/01/2016				Director 10% Owner X Officer (give title Other (specify below) EVP, Corp & Med Affairs					
(Street) 4. If Amendment, Date 0 Filed(Month/Day/Year)			-	Applicable Line) _X_ Form filed by			Dint/Group Filing(Check			
FOSTER CITY, CA 944	04					Form filed by Person	More than One R	eporting		
(City) (State)	(Zip)	Tab	ole I - Non-	Derivative	Securities A	Acquired, Disposed of	of, or Beneficia	lly Owned		
1.Title of Security (Instr. 3)2. Transaction I (Month/Day/Ye)	any	Date, if	3. Transactic Code (Instr. 8)	4. Securiti onAcquired Disposed (Instr. 3, 4	(A) or of (D)	Securities Beneficially Owned	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
			Code V	Amount	or (D) Price	(Instr. 3 and 4)				
Reminder: Report on a separate	e line for each c	lass of sec	urities bene	ficially own	ned directly	or indirectly.				
				infor n requir	nation cont ed to resp lys a curre	spond to the colle tained in this form ond unless the for ntly valid OMB co	are not rm	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	2.	3. Transaction Date	3A. Deemed	4.	5. Number of	6. Date Exercisable and	7. Title and Amour
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)					
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amo or Num of Sh
Non-Qualified Stock Option (right to buy)	\$ 84.05	02/01/2016		A		75,030		<u>(1)</u>	02/01/2026	Common Stock	75,0

Reporting Owners

Reporting Owner Name / Address	Relationships							
	Director	10% Owner	Officer	Other				
Alton Gregg H GILEAD SCIENCES, INC. 333 LAKESIDE DRIVE FOSTER CITY, CA 94404			EVP, Corp &	z Med Affairs				
Signatures								
/s/ John F. Milligan by Power of Alton	H.	02/03/2016						

**Signature of Reporting Person

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 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.

Date

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.