Edgar Filing: LA JOLLA PHARMACEUTICAL CO - Form 4

LA JOLLA PHARMACEUTICAL CO

Form 4 April 09, 2007

FORM 4

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

OMB Number: 3235-0287

Estimated average

Check this box if no longer subject to Section 16.

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Expires: January 31, 2005

OMB APPROVAL

Form 4 or 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 1940

burden hours per response... 0.5

See Instruction 1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person **
Frazier Healthcare V, LP

2. Issuer Name **and** Ticker or Trading

5. Relationship of Reporting Person(s) to Issuer

Symbol

LA JOLLA PHARMACEUTICAL CO [LJPC]

below)

(Check all applicable)

(Last)

(First) (Middle)

3. Date of Earliest Transaction

___ Director ___X__ 10% Owner ___ Officer (give title _____ Other (specify

601 UNION, TWO UNION

(Street)

SQUARE, SUITE 3200

4. If Amendment, Date Original

6. Individual or Joint/Group Filing(Check

Filed(Month/Day/Year)

(Month/Day/Year)

04/03/2007

Applicable Line)
____ Form filed by One Reporting Person

X Form filed by More than One Reporting Person

SEATTLE, WA 98101

(City) (State) (Zip)
tle of 2. Transaction Date 2A. Deemed

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

1.Title of Security (Instr. 3)

Stock

2. Transaction Date 2A. Deemed
(Month/Day/Year) Execution Date, if
any
(Month/Day/Year)

3. 4. Securities Acquired Transaction(A) or Disposed of (D) Code (Instr. 3, 4 and 5) (Instr. 8)

5. Amount of 6. Owner Securities Form: Di Beneficially (D) or Owned Indirect (Following (Instr. 4)

6. Ownership 7. Nature of Form: Direct Indirect (D) or Beneficial Indirect (I) Ownership (Instr. 4)

(A) or V Amount (D)

Transaction(s)
(Instr. 3 and 4)

Reported

Common O4/03/2007 P 833,333

A \$6 4,833,333

 $D^{(1)}$

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)

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	2.	3. Transaction Date		4.	5.	6. Date Exerc		7. Titl		8. Price of	9. Nu
Derivative Security (Instr. 3)	Conversion or Exercise Price of Derivative Security	(Month/Day/Year)	Execution Date, if any (Month/Day/Year)	Transact Code (Instr. 8)	orNumber of Derivativ Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	:		Amou Under Securi (Instr.	lying	Derivative Security (Instr. 5)	Deriv Secur Bene Own Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
Frazier Healthcare V, LP 601 UNION TWO UNION SQUARE, SUITE 3200 SEATTLE, WA 98101		X					
FHM V, LLC 601 UNION TWO UNION SQUARE, SUITE 3200 SEATTLE, WA 98101		X					
FHM V, LP 601 UNION TWO UNION SQUARE, SUITE 3200 SEATTLE, WA 98101		X					
Signatures							
/s/ Thomas S. Hodge, Chief Operating Officer		04/06/200	7				
**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).
- These securities are owned directly by Frazier Healthcare V, LP, the designated filer. FHM V, LP, a joint filer, serves as the general partner of Frazier Healthcare V, LP and FHM V, LLC, serves as the general partner of FHM V, LP. FHM V, LP and FHM V, LLC disclaim beneficial ownership of the reported securities except to the extent of their pecuniary interest therein.

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.

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