#### PHARMION CORP

Form 4 June 02, 2005

## FORM 4

# UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

Check this box if no longer subject to Section 16. Form 4 or Form 5

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES** 

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).

(Print or Type Responses)

1. Name and Address of Reporting Person \* **BARRETT M JAMES** 

2. Issuer Name and Ticker or Trading Symbol

5. Relationship of Reporting Person(s) to Issuer

**OMB APPROVAL** 

3235-0287

January 31,

2005

0.5

OMB

Number:

Expires:

response...

Estimated average

burden hours per

PHARMION CORP [PHRM]

(First) (Middle) (Last)

(Street)

3. Date of Earliest Transaction

(Month/Day/Year) X\_ Director 06/01/2005

1119 ST. PAUL STREET

4. If Amendment, Date Original

Other (specify Officer (give title below) 6. Individual or Joint/Group Filing(Check

(Check all applicable)

10% Owner

Filed(Month/Day/Year)

(Instr. 8)

Applicable Line) \_X\_ 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

**BALTIMORE, MD 21202** 

Security

(Instr. 3)

(City) (State) (Zip) 1.Title of 2. Transaction Date 2A. Deemed

4. Securities (Month/Day/Year) Execution Date, if TransactionAcquired (A) or Code Disposed of (D)

(Instr. 3, 4 and 5)

5. Amount of 6. Ownership 7. Nature of Securities Form: Direct Indirect Beneficially (D) or Indirect Beneficial Owned Ownership Following (Instr. 4) (Instr. 4)

Reported (A) Transaction(s) or (Instr. 3 and 4) Code V Amount (D) Price

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

(Month/Day/Year)

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 3. Transaction Date 3A. Deemed Derivative Conversion (Month/Day/Year) Execution Date, if Security or Exercise

5. Number 4. Transaction of Derivative Code Securities

6. Date Exercisable and **Expiration Date** (Month/Day/Year)

7. Title and Amount of **Underlying Securities** (Instr. 3 and 4)

(Instr. 3) Price of (Month/Day/Year) (Instr. 8) Acquired Edgar Filing: PHARMION CORP - Form 4

Derivative (A) or
Security Disposed of
(D)
(Instr. 3, 4, and 5)

Code V (A) (D) Date Exercisable Expiration Title Amount
Date or

Number of Shares

Stock
Option (right to buy)

A 5,000 06/01/2005(1) 06/01/2015 Common Stock 5,000

## **Reporting Owners**

Reporting Owner Name / Address

Director 10% Owner Officer Other

BARRETT M JAMES

1119 ST. PAUL STREET X

BALTIMORE, MD 21202

## **Signatures**

Louis S. Citron, attorney-in-fact 06/02/2005

\*\*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).

Grant to the Reporting Person of a non-statutory stock option. The option vests 100% on the first anniversary of the date of grant and is subject to a repurchase right held by the Issuer, which right will lapse in accordance with the vesting schedule of the option. The option expires ten years from the date of grant, unless it expires sooner pursuant to the terms of the Issuer's 2001 Non-Employee Director Stock Option Plan.

#### **Remarks:**

In addition to the securities reported herein, the Reporting Person indirectly owns 2,894,268 common shares through New Ent

In addition to the shares reported herein, the Reporting Person directly holds options for 36,250 common shares. These option 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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