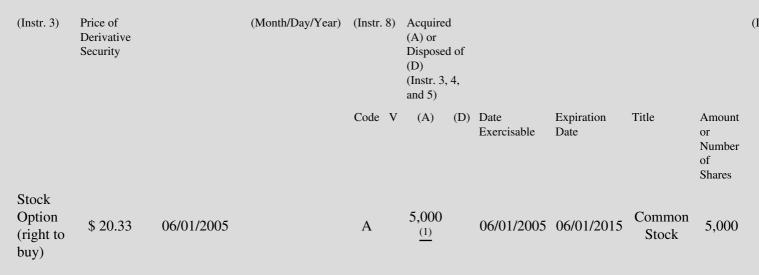
## Edgar Filing: PHARMION CORP - Form 4

PHARMION	CORP									
Form 4										
June 02, 2005	i									
EODM	Л								PPROVAL	
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549								N OMB Number:	3235-0287	
Check this box							January 31,			
if no longe subject to Section 16 Form 4 or	SIAIEN 5.		NT OF CHANGES IN BENEFICIAL OWNERSHIP O SECURITIES					Estimated burden hou response	urs per	
Form 5 obligations may contin <i>See</i> Instruct 1(b).	s Section 17(	(a) of the l	Public U	Jtility Ho	lding Co		nge Act of 1934, of 1935 or Secti 940			
(Print or Type Re	esponses)									
1. Name and Address of Reporting Person <u>*</u> SPICKSCHEN THORLEF			2. Issuer Name <b>and</b> Ticker or Trading Symbol PHARMION CORP [PHRM]			-	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
(Last)	(Last) (First) (Middle) 3. Date of Earliest Transaction			(em	in approact					
TRAUBENWEG 25			(Month/Day/Year) 06/01/2005				X_ Director10% Owner Officer (give titleOther (specify below) below)			
(Street) 64342 SEEHEIM-JUGENHEIM, 2M			4. If Amendment, Date Original Filed(Month/Day/Year)			6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person				
(City)	(State)	(Zip)	Tał	ole I - Non-	Derivative	Securities A	Acquired, Disposed	of, or Beneficia	lly Owned	
	2. Transaction Date Month/Day/Year)	2A. Deem Execution any (Month/Da	Date, if	3. Transactio Code (Instr. 8)	4. Securit onAcquired Disposed (Instr. 3,	(A) or of (D) 4 and 5) (A) or	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 Indirect Beneficial Ownership (Instr. 4)	
				Code V	Amount	(D) Price	(11541 0 4114 1)			
Reminder: Repo	rt on a separate line	e for each cl	ass of sec	urities bene	eficially ow	ned directly	or indirectly			
					Perso inforr requi	ons who res nation con red to resp ays a curre	spond to the colle tained in this form ond unless the fo ntly valid OMB co	n are not rm	SEC 1474 (9-02)	
	Tab					sposed of, or convertible	Beneficially Owner securities)	1		

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5. Number	6. Date Exercisable and	7. Title and Amount of	8.
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transactio	onof Derivative	Expiration Date	Underlying Securities	D
Security	or Exercise		any	Code	Securities	(Month/Day/Year)	(Instr. 3 and 4)	S

1

## Edgar Filing: PHARMION CORP - Form 4



## **Reporting Owners**

<b>Reporting Owner Name / Address</b>		Relationships					
		Director	10% Owner	Officer	Other		
SPICKSCHEN THORLEF TRAUBENWEG 25 64342 SEEHEIM-JUGENHE	JIM, 2M	Х					
Signatures							
/s/ Thorlef Spickschen 06	5/01/2005						
<pre>**Signature of Reporting Person</pre>	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).
- (1) These shares vest on June 1, 2006 and are subject to a repurchase right held by the Issuer, which right will lapse in accordance with the vesting schedule of the shares.

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.