Edgar Filing: GILEAD SCIENCES INC - Form 4

	IENCES INC										
Form 4	2017										
February 06,	_									PPROVAL	
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549										3235-0287	
Check this box if no longer subject to Section 16. Form 4 or Form 5 Filed pursuant to Section 16(a) of the Section 16(b) Form 16(b) Form 16(b) Filed pursuant to Section 16(b) Section 16(b) Section 16(b) Section 16(b) Filed pursuant to Section 16(b) Section 16(b) Filed pursuant to Section 16(b) Filed pursuant to Section 16(b) Section 16(b) Filed pursuant to Section 16(b) Filed pursuant to Section 16(b) Filed pursuant to Section 16(b) Filed pursuant to Section 16(b) Section 16(b) Filed pursuant to Section 16(b) Filed pursuan						FICIA			Estimated	Estimated average burden hours per	
obligations may continue.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 I	Responses)										
1. Name and Address of Reporting Person <u>*</u> MILLIGAN JOHN F				er Name ar AD SCIEI			-	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
(Last)	(First) (Middle)	3. Date of Earliest Transaction								
				Day/Year) 2017				X Director 10% Owner X Officer (give title Other (specify below) below) President and CEO			
	(Street) 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				
FOSTER C	ITY, CA 94404								More than One R		
(City)	(State)	(Zip)	Tab	ole I - Non-	Derivativ	e Secu	rities A	cquired, Disposed o	of, or Beneficia	lly Owned	
	2. Transaction Date (Month/Day/Year)	2A. Deeme Execution any (Month/Da	Date, if		Dispose (Instr. 3	d (A) or d of (D) , 4 and 3 (A) or) 5)	Securities Beneficially Owned	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Code V	Amoun	t (D)	Price	(mour o und 1)			
Reminder: Rep	ort on a separate line	e for each cla	ass of sec	urities ben	eficially o	wned di	rectly of	or indirectly.			
					info	rmatio	n cont	spond to the colle tained in this form ond unless the for	are not	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 Amou
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transacti	orDerivative	Expiration Date	Underlying Securi
Security	or Exercise		any	Code	Securities	(Month/Day/Year)	(Instr. 3 and 4)

displays a currently valid OMB control number.

Edgar Filing: GILEAD SCIENCES INC - Form 4

(Instr. 3)	Price of Derivative Security		(Month/Day/Year)	(Instr. 3	8)	Acquired (A Disposed of (Instr. 3, 4, 5)	f (D)				
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amo Nun Shai
Non-qualified Stock Option (Right to Buy)	\$ 72.25	02/02/2017		А		325,000		<u>(1)</u>	02/02/2027	Common Stock	325

Reporting Owners

Reporting Owner Name / Address	Relationships								
reporting officer runner runners	Director	10% Owner	Officer	Other					
MILLIGAN JOHN F GILEAD SCIENCES, INC. 333 LAKESIDE DRIVE FOSTER CITY, CA 94404	Х		President and CEO						
Signatures									
/s/ Marissa Song by Power of A	02/06/20	17							

Milligan

<u>**</u>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).
- (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.