TOOLE JOHN J Form 4 January 28, 2005

FORM 4

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

OMB Number:

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OMB APPROVAL

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

Form 5 obligations may continue. See Instruction

Check this box

if no longer

subject to

Section 16.

Form 4 or

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

(Print or Type Responses)

1(b).

(Last)

Security

(Instr. 3)

1. Name and Address of Reporting Person * TOOLE JOHN J

2. Issuer Name and Ticker or Trading Symbol

GILEAD SCIENCES INC [GILD]

5. Relationship of Reporting Person(s) to

Issuer

(First)

(Middle)

(Check all applicable)

333 LAKESIDE DRIVE

3. Date of Earliest Transaction

(Month/Day/Year)

Director 10% Owner X_ Officer (give title Other (specify

01/26/2005

below) below) **SVP**

(Street)

4. If Amendment, Date Original

Applicable Line)

Filed(Month/Day/Year)

(Instr. 8)

X Form filed by One Reporting Person Form filed by More than One Reporting

(Instr. 4)

6. Individual or Joint/Group Filing(Check

Person

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

FOSTER CITY, CA 94404

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

(Month/Day/Year)

3. 4. Securities Execution Date, if TransactionAcquired (A) or Code Disposed of (D)

5. Amount of Securities Beneficially Owned

Following

Reported

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

(Instr. 4)

(A)

(Instr. 3, 4 and 5)

Transaction(s) (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 4. 5. Number of 6. Date Exercisable and 7. Title and Amour Derivative Conversion (Month/Day/Year) Execution Date, if **Transaction**Derivative **Expiration Date Underlying Securit** Securities Security or Exercise Code (Month/Day/Year) (Instr. 3 and 4) any

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| (Ins | str. 3) | Price of Derivative Security | | (Month/Day/Year) (Instr. 8) Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | | | | | | |
|------|---|------------------------------------|------------|--|--------|----------|------------------------|--------------------|-----------------|---------------------------|
| | | | | | Code V | / (A) (I | D) Date Exercisable | Expiration Date | Title | Amo or Num of Sh |
| Sto | centive ock Option ght to buy) | \$ 32.02 | 01/26/2005 | | A | 3,123 | <u>(1)</u> | 01/26/2015 | Common Stock | 3,1 |
| Sto | on-Qualified ock Option ght to buy) | \$ 32.02 | 01/26/2005 | | A | 81,877 | <u>(1)</u> | 01/26/2015 | Common Stock | 81,8 |

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | | |
|--------------------------------|---------------|-----------|---------|-------|--|--|
| 1 | Director | 10% Owner | Officer | Other | | |
| TOOLE JOHN J | | | | | | |
| 333 LAKESIDE DRIVE | | | SVP | | | |
| FOSTER CITY, CA 94404 | | | | | | |

Signatures

/s/ Gregg Alton by Power of Attorney for John J.
Toole 01/27/2005

**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).
- The options have a five year vesting schedule. 20% of the options will vest on January 26, 2006, the first anniversary date of the grant. The balance will vest every three months thereafter until fully vested on January 26, 2015.

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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