FUCHS HENRY J Form 4 May 16, 2011

## FORM 4

#### OMB APPROVAL

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

OMB Number: 3235-0287

Check this box if no longer subject to Section 16.

Washington, D.C. 20549

Expires: January 31, 2005

Section 16.
Form 4 or
Form 5
obligations

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Estimated average burden hours per

Form 5 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

response... 0.5

1(b).

Common

Stock

05/12/2011

(Print or Type Responses)

1. Name and Address of Reporting Person * FUCHS HENRY J			2. Issuer Name and Ticker or Trading Symbol BIOMARIN PHARMACEUTICAL INC [BMRN]					I	5. Relationship of Reporting Person(s) to Issuer  (Check all applicable)		
(Last)  C/O BIOM PHARMAO DIGITAL I	ARIN CEUTICAL INC.	(	3. Date of Earliest Transaction (Month/Day/Year) 05/12/2011					Director _X Officer (give to below)EVP, Chicon		Owner or (specify	
	2	4. If Amendment, Date Original					6. Individual or Joint/Group Filing(Check				
NOVATO,	CA 94949	1	Filed(Mo	nth/Day/	Year/	·)		-	Applicable Line)  X_ Form filed by Or  Form filed by Mo  Person	1 0	
(City)	(State)	(Zip)	Tab	le I - N	on-D	Derivative	Secur	ities Acqui	ired, Disposed of,	or Beneficial	ly Owned
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deeme Execution I any (Month/Day	Date, if	3. Transa Code (Instr.		4. Securit nor Dispos (Instr. 3, 4	ed of (	Price	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)
Common Stock	04/29/2011(1)	04/29/201	11	A	V	1,620	A	\$ 13.226	24,455	D	

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

Α

12,000 A

<u>(2)</u>

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)

36,455

D

### Edgar Filing: FUCHS HENRY J - Form 4

## Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transactio Code (Instr. 8)	5. Number of or Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount o Underlying Securities (Instr. 3 and 4)	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Share
Stock Option (right to buy)	\$ 26.49	05/12/2011		A	84,000	11/12/2011(3)	05/11/2021	Common Stock	84,000

## **Reporting Owners**

Reporting Owner Name / Address	Relationships					
copound o man i mano / i autoss	Director	10% Owner	Officer	Other		
FUCHS HENRY J C/O BIOMARIN PHARMACEUTICAL INC. 105 DIGITAL DRIVE NOVATO, CA 94949			EVP, Chief Medical Officer			

### **Signatures**

/s/ Laura Randall Woodhead, Attorney-in-Fact 05/16/2011

\*\*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 reporting person is voluntarily reporting the acquisition of shares of the issuer's common stock pursuant to the issuer's Employee Stock Purchase Plan ("ESPP"), for the ESPP purchase period of November 1, 2010 to April 29, 2011.
- (2) Restricted stock units granted on May 12, 2011. Price not applicable.
- (3) Options vest 6/48ths on November 12, 2011 and 1/48th on the 12th of each month thereafter.

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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