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Cooper Jeff Form 4	rey H									
August 04, 2	2011									
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION									OMB APPROVAL	
	UNITED			, D.C. 20		NGE U	01/11/11/22101	OMB Number:	3235-0287	
Check th if no lon	der.		F CHANGES IN BENEFICIAL OWNERSHIP SECURITIES					Expires:	January 31, 2005	
subject t Section Form 4 o	51AIEN 16.	1ENT OF CHAN						Estimated a burden hour response	verage	
obligation may con	Form 5 obligations may continue.Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,See InstructionSection 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. Name and A Cooper Jeff	Address of Reporting frey H	Person <u>*</u> 2. Issue Symbol	2. Issuer Name and Ticker or Trading Symbol				5. Relationship of Reporting Person(s) to Issuer			
		BIOMARIN PHARMACEUTICAL INC [BMRN]				(Check all applicable)				
(Last)		3. Date of Earliest Transaction (Month/Day/Year)				Director 10% Owner X Officer (give title Other (specify below) below)				
C/O BIOM PHARMA DIGITAL I	CEUTICAL INC.	, 105 08/02/2	2011				· · · · · · · · · · · · · · · · · · ·	ef Financial Of	ficer	
	(Street)	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			
NOVATO,	CA 94949						_X_Form filed by O Form filed by M Person			
(City)	(State)	(Zip) Tab	le I - Non-l	Derivative	Securi	ities Acq	uired, Disposed of,	or Beneficiall	y Owned	
1.Title of Security (Instr. 3)2. Transaction Date (Month/Day/Year)2A. Deemed Execution Date, if any (Month/Day/Year)3.1.Title of (Month/Day/Year)0.0.0.1.Title of (Month/Day/Year)0.0.0.1.Title of (Month/Day/Year)0.0.0.1.Title of (Month/Day/Year)0.0.0.1.Title of (Month/Day/Year)0.0.0.1.Title of (Month/Day/Year)0.0.0.			(Instr. 3, 4 and 5)			Beneficially Owned	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
			Code V	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)	(
Common Stock	08/02/2011	08/02/2011	М	18,036	А	\$ 17.33	57,912	D		
Common Stock	08/02/2011	08/02/2011	S	18,036	D	\$ 30.47 (1)	39,876	D		

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

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number.

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. Transactic Code (Instr. 8)	5. Number of orDerivative 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 of Underlying Securities (Instr. 3 and 4)	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amour or Numbe of Shar
Common Stock	\$ 17.33	08/02/2011	08/02/2011	М	18,036	12/07/2007(2)	06/06/2017	Common Stock	18,03

Reporting Owners

Reporting Owner Name / Address		Relationships						
	Director	10% Owner	Officer	Other				
Cooper Jeffrey H C/O BIOMARIN PHARMACEUTICAL INC. 105 DIGITAL DRIVE NOVATO, CA 94949			SVP, Chief Financial Officer					
Signatures								
Laura Randall Woodhead, Attorney-in-Fact	08/03/20	011						
<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).

The price in Column 4 is a weighted average price. The prices actually received ranged from \$30.25 to \$30.75. the reporting person will(1) provide to the issuer, any security holder of the issuer, or SEC staff, upon request, information regarding the number of shares sold at each price within the range.

(2) Original option grant vested 6/48ths on December 7, 2007 and 1/48th on the 7th of every 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.