Edgar Filing: LIEF JACK - Form 4

LIEF JACK													
Form 4	000												
August 27, 2													
FORM 4 UNITED STATES SECURITIES AND EXCHANGE							IGE (OMMISSION	PPROVAL				
	UNITED	JIAILO								OMB Number:	3235-0287		
Check thi		Washington, D.C. 20549							January 31,				
if no long subject to		IENT O	F CHANGES IN BENEFICIAL OWNERSHI							Expires: 2005 Estimated average			
Section 16.				SECURITIES						burden hours per			
Form 4 or Form 5			G (* 1)		.1	а	г	1	A (C1024	response	0.5		
obligation	• · · · ·							-	e Act of 1934, 1935 or Section	n			
may conti	inue.		of the In	•		•	• •			11			
See Instru 1(b).	iction	50(II)	or the m	vestille		company	/ 100	01 1 7 7	10				
1(0).													
(Print or Type R	Responses)												
1 Name and A	ddress of Reporting 1	Person *	2 Iaanaa	Nomo	md '	Tielten on 7	Fradina		5 Relationship of	Reporting Pers	son(s) to		
LIEF JACK Symbol				er Name and Ticker or Trading					5. Relationship of Reporting Person(s) to Issuer				
				PHA	RM	ACEUT	ICAL	S					
	INC [ARNA]					-	(Check all applicable)						
(Last)	(First) (N	/liddle)	3. Date of	Earliest	Tra	nsaction			X Director	10%	Owner		
			(Month/D						XOfficer (give below)	ficer (give title Other (specify below)			
C/O ARENA 08/25/2				2008					President and CEO				
	EUTICALS, INC	C., 6166											
NANCY RI	DGE DRIVE												
				f Amendment, Date Original d(Month/Day/Year)					6. Individual or Joint/Group Filing(Check				
									Applicable Line) _X_ Form filed by One Reporting Person				
SAN DIEGO	D. CA 92121								Form filed by M	Iore than One Re			
									Person				
(City)	(State)	(Zip)	Table	e I - Noi	n-De	erivative S	ecurit	ies Acq	uired, Disposed of	f, or Beneficial	ly Owned		
1.Title of	2. Transaction Date		Execution Date, if					-	5. Amount of	6. Ownership			
Security (Instr. 3)	(Month/Day/Year)				ctio		sposed	of	Securities Beneficially	Form: Direct	Indirect Beneficial		
(Instr. 5)		any (Month/	Day/Year)	Code (D) (Instr. 8) (Instr. 3, 4 and 5)				5)		(D) or Indirect (I)	Ownership		
		•				Following	(Instr. 4)	(Instr. 4)					
							(A)		Reported Transaction(s)				
				Cala	v	A	or	D.::	(Instr. 3 and 4)				
Common				Code		Amount	(D)	Price					
Stock	08/25/2008			$G^{(1)}_{$	V	14,125	D	\$0	526,810	D			
					~								

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

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.

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

Edgar Filing: LIEF JACK - Form 4

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. Transact Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		Date	Secur	unt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Own Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships							
	Director	10% Owner	Officer	Other				
LIEF JACK C/O ARENA PHARMACEUTICALS, INC. 6166 NANCY RIDGE DRIVE SAN DIEGO, CA 92121	Х		President and CEO					
Signatures								
Adam S. Chinnock, as Attorney-in-Fact	08/27/2008	3						

**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) These shares were gifted.

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.