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Wolff Henr Form 4 March 25, 2	2									
							OMB A	PPROVAL		
FOR	VI 4 UNITED		S SECURITIES AND EXCHANGE COMMISSION Washington D.C. 20549				OND	3235-0287		
Check if no lo subject Section Form 4 Form 5 obligat may co	to STATEN 1 16. 4 or 5 Filed put ions Section 17(Washington, D.C. 20549 STATEMENT OF CHANGES IN BENEFICIAL O SECURITIES Filed pursuant to Section 16(a) of the Securities Excha Section 17(a) of the Public Utility Holding Company Ac					DWNERSHIP OF ange Act of 1934,			
	struction	30(h) of the	e Investmen	t Compa	ny Act of 1	940				
(Print or Type	e Responses)									
1. Name and Wolff Hen	Address of Reporting	Symb	suer Name an ol P Pharmaceu			5. Relationship of Reporting Person(s) to Issuer				
(Last)	(First) (-) (Chec	ck all applicabl	le)		
C/O MAP INC., 2400	PHARMACEUTI 0 BAYSHORE AY, SUITE 200	(Mon	3. Date of Earliest Transaction (Month/Day/Year) 03/21/2008			Officer (give title 10% Owner Officer (give title Other (specify below)				
	(Street)	Filed	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 Form filed by More than One Reporting 				
	AIN VIEW, CA 94					Person				
(City)	(State)	(Zip)	Table I - Non-J	Derivative	Securities A	cquired, Disposed o	f, or Beneficia	ally Owned		
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, i any (Month/Day/Yea	Code	Disposed (Instr. 3,	(A) or of (D)	SecuritiesHBeneficially(Owned(6. Ownership Form: Direct D) or Indirect I) Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
Reminder: R	eport on a separate line	e for each class of	securities bene	ficially ow	ned directly of	or indirectly.				
				inforr requi	nation cont red to respe ays a curre	spond to the collec ained in this form ond unless the for htly valid OMB cor	are not m	SEC 1474 (9-02)		
	Tab		Securities Acc calls, warrants			Beneficially Owned securities)				
		saction Date 3A. I /Day/Year) Exec		4. Transact	5. Number iorDerivative			7. Title and Amount of Underlying Securities		

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Security (Instr. 3)	or Exercise any Price of (Mor Derivative Security		Code Day/Year) (Instr. 8)		Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		(Month/Day/Year)		(Instr. 3 and 4)		. (
				Code V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Stock Option (Right to Buy)	\$ 12.74	03/21/2008		А	30,000		<u>(1)</u>	03/20/2018	Common Stock	30,000	
Reporting Owners											
Reporting Owner Name / Address Dire					onships						
			Director	10% Owr	her Office	er (Other				
Wolff Henry Ward C/O MAP PHARMACEUTICALS, INC. 2400 BAYSHORE PARKWAY, SUITE 200 MOUNTAIN VIEW, CA 94043			Х								
Signa	tures										
/s/ H. Wa Wolff		03/24/2008									
<u>**</u> Signat	ure of	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 option is exercisable as it vests: 25% of the total number of option shares granted vests and becomes exercisable on the first anniversary from the vesting commencement date, which is March 21, 2008. Thereafter, the remaining 75% of the total number of option

(1) animversary from the vesting commencement date, which is what is vialen 21, 2008. Increated, the remaining 75% of the total number of option shares becomes exercisable in equal installments cumulatively each month over 36 months, so that the entire number of option shares becomes fully vested and exercisable on the fourth anniversary from the vesting commencement date.

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.

Reporting Person

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