BIOMARIN PHARMACEUTICAL INC

Form 4 May 12, 2015

FORM 4

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

OMB Number: 3235-0287

OMB APPROVAL

Check this box if no longer subject to Section 16.

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Expires: January 31, 2005 Estimated average

Form 4 or Form 5 obligations may continue.

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

burden hours per response... 0.5

See Instruction 1(b).

(Print or Type Responses)

1. Name and BAFFI RO	Address of Reporting OBERT	Sy B	2. Issuer Name a ymbol IOMARIN PI NC [BMRN]			5	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
PHARMA	(Last) (First) (Middle) 3. Date of Earliest Transaction (Month/Day/Year) C/O BIOMARIN 04/30/2015 PHARMACEUTICAL INC., 770 LINDARO ST.						Director 10% Owner Officer (give title Other (specify below) EVP, Technical Operations			
SAN RAF	(Street) AEL, CA 94901		If Amendment, iled(Month/Day/Yo	_	nal	- -	5. Individual or Joi Applicable Line) _X_ Form filed by O Form filed by M Person	ne Reporting Pe	rson	
(City)	(State)	(Zip)	Table I - Non	-Derivativ	e Secu	rities Acqu	ired, Disposed of,	or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Da any (Month/Day/	ate, if Transact Code	tiomr Dispo (Instr. 3	osed of , 4 and (A) or		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	04/30/2015(1)	04/30/2015	5 A	389	A	\$ 51.2635	110,089	D		
Common Stock	04/30/2015(2)	04/30/2015	5 G	389	D	\$ 0	109,700	D		
Common Stock	04/30/2015	04/30/2015	5 G	389	A	\$ 0	24,324	I	Shares held by Baffi Family	

Trust

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Common Stock	05/08/2015	05/08/2015	G	1,912	D	\$ 0	107,788	D	
Common Stock	05/08/2015(3)	05/08/2015	G	1,912	A	\$ 0	26,236	I	Shares held by Baffi Family Trust
Common Stock	05/08/2015	05/08/2015	F	2,088	A	\$ 121.66	105,700	D	

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

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(9-02)

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. Transacti Code (Instr. 8)	5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Amou Under Secur	le and unt of rlying rities . 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owne 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			

BAFFI ROBERT C/O BIOMARIN PHARMACEUTICAL INC. 770 LINDARO ST. SAN RAFAEL, CA 94901

EVP, Technical Operations

Signatures

/s/ Laura Randall Woodhead, 05/12/2015 Attorney-in-Fact

> **Signature of Reporting Person Date

2 Reporting Owners

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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 reporting the purchase of shares of the issuer's Employee Stock Purchase Plan ("ESPP"), for the purchase period of November 1, 2014 to April 30, 2015.
- (2) On April 30, 2015 the reporting person gifted 389 shares of Common Stock to his family trust. The reporting person is the trustee.
- (3) On May 8, 2015 the reporting person gifted 389 shares of Common Stock to his family trust. The reporting person is the trustee.

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.