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ARENA PHA Form 4 July 26, 2007	RMACEUTICA	LS INC									
FORM	Λ							-	OMB APPROVAL		
	UNITEDS	UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549							OMB Number:	3235-0287	
Check this if no longe subject to Section 16. Form 4 or	r STATEM	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES								Expires: January 31 2005 Estimated average burden hours per response 0.5	
Form 5 obligations may continue. See Instruction 1(b). Filed pursuant to Section 16(a) of the Securities Exchange Act of 1 Section 17(a) of the Public Utility Holding Company Act of 1935 or S 30(h) of the Investment Company Act of 1940							f 1935 or Sectio		0.5		
(Print or Type Re	esponses)										
HOFFMAN ROBERT Symbol				r Name and Ticker or Trading A PHARMACEUTICALS RNA]				5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
(Last) (First) (Middle) 3. Date of 2. (Month/Da (Month/Da C/O ARENA 07/25/20 PHARMACEUTICALS, INC., 6166 NANCY RIDGE DRIVE								Director 10% Owner X Officer (give title Other (specify below) below) VP, Finance and CFO			
(Street) 4. If Amendmer Filed(Month/Day				Day/Year) Applical _X_For				Applicable Line) _X_ Form filed by (vidual or Joint/Group Filing(Check able Line) orm filed by One Reporting Person rm filed by More than One Reporting		
SAN DIEGO	, CA 92121							Person		porting	
(City)	(State) (Zip)	Table I - Nor	1-De	rivative S	Securit	ties Aco	quired, Disposed of	f, or Beneficial	lly Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Dat any (Month/Day/M	Code Year) (Instr.	8)	4. Securi nAcquirec Disposec (Instr. 3, Amount	d (A) o d of (D 4 and (A) or)	Securities Beneficially Owned	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Common Stock	07/25/2007				1,200	D	\$0	67,039	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)

1. Title of Derivativ Security (Instr. 3)		3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transacti Code (Instr. 8)	orNumber Expiration of (Month/Da			te Amount of		9. Nu Deriv Secu Bene Owno Follo Repo Trans (Instr
Bend	ortina C)wners		Code V	(A) (D)	Date Exercisable	Expiration Date	Amo or Title Num of Share	ıber	

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Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
HOFFMAN ROBERT C/O ARENA PHARMACEUTICALS, INC. 6166 NANCY RIDGE DRIVE SAN DIEGO, CA 92121			VP, Finance and CFO				
Signatures							
Adam S. Chinnock, as Attorney-in-Fact	07/26/2007	7					

**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.

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