### Edgar Filing: PHARMION CORP - Form 4

PHARMIO Form 4										
December (	,							OMB A	PPROVAL	
FOR	UNITED	STATES					E COMMISSIO		3235-0287	
Check t if no lo subject Section Form 4 Form 5 obligati may co <i>See</i> Insi 1(b).	rsuant to So (a) of the P	Washington, D.C. 20549 F CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES Section 16(a) of the Securities Exchange Act of 1934, Public Utility Holding Company Act of 1935 or Section of the Investment Company Act of 1940						January 31, 2005 Estimated average burden hours per response 0.5		
(Print or Type	Responses)									
1. Name and Address of Reporting Person <u>*</u> Dupont Steven N			2. Issuer Name <b>and</b> Ticker or Trading Symbol PHARMION CORP [PHRM]				5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
(Last) (First) (Middle) 2525 28TH STREET, SUITE 200			3. Date of Earliest Transaction (Month/Day/Year) 12/06/2006			Director 10% Owner X Officer (give title Other (specify below) below) VP, General Counsel				
BOULDE		4. If Amendment, Date Original Filed(Month/Day/Year)			<ul> <li>6. Individual or Joint/Group Filing(Check Applicable Line)</li> <li>_X_ Form filed by One Reporting Person</li> <li> Form filed by More than One Reporting</li> </ul>					
(City)	(State)	(Zip)	Tał	de I - Non-	Derivative	Securities /	Person Acquired, Disposed	of or Beneficia	lly Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution I any (Month/Day	d Date, if	3. Transactio Code (Instr. 8)	4. Securit onAcquired Disposed (Instr. 3, 4 Amount	ies (A) or of (D)	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	
Reminder: Ro	eport on a separate line	e for each cla	ss of sec	urities bene	Perso inform requir	ons who re nation con red to resp ays a curre	or indirectly. spond to the colle tained in this forn ond unless the fo ntly valid OMB co	n are not rm	SEC 1474 (9-02)	

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

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

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5. Number of	6. Date Exercisable and	7. Title and Amount of
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transacti	orDerivative	Expiration Date	Underlying Securities
Security	or Exercise		any	Code	Securities	(Month/Day/Year)	(Instr. 3 and 4)

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(Instr. 3)	Price of Derivative Security		(Month/Day/Year)	(Instr. 8		Acquired ( or Dispose (D) (Instr. 3, 4 and 5)	ed of				
				Code	V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Employee Stock Option (right to buy)	\$ 24.81	12/06/2006		A		22,000		<u>(1)</u>	12/06/2013	Common Stock	22,000
Restricted Stock Units	(2)	12/06/2006		А		2,200		(3)	(3)	Common Stock	2,200

# **Reporting Owners**

Reporting Owner Name / Address	Relationships							
Reporting Owner Rune / Runess	Director	10% Owner	Officer	Other				
Dupont Steven N 2525 28TH STREET SUITE 200 BOULDER, CO 80301			VP, General Counsel					
Signatures								
/s/ Erle T. Mast,	1	2/07/2006						

# Attorney-in-Fact

\*\*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) The option is exercisable in accordance with its vesting schedule. Twenty-five percent of the options vest on the first anniversary of the date of grant and 1/48th monthly thereafter.
- (2) Each restricted stock unit represents a contingent right to receive one share of Pharmion common stock.

Twenty-five percent of the restricted stock units vest on the first anniversary of the date of grant and 3/48th on each three-month (3) anniversary thereafter. Settlement of vested shares will occur each January 15, at which time vested shares will be delivered to the reporting person as promptly as practicable following the settlement 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.