## Edgar Filing: BIOMARIN PHARMACEUTICAL INC - Form 4

BIOMARIN PHARMACEUT Form 4 May 17, 2017	TICAL INC								
								PPROVAL	
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549							OMB Number:	3235-0287	
Check this box if no longer						Expires:	January 31, 2005		
STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF Section 16. Form 4 or						Estimated average burden hours per response 0.			
Form 5 Filed pure	suant to Section 10 a) of the Public Ut 30(h) of the In	ility Hold	ling Con	ipany	Act of	f 1935 or Section		0.0	
(Print or Type Responses)									
1. Name and Address of Reporting I Mueller Brian	Symbol BIOMA	2. Issuer Name and Ticker or Trading Symbol BIOMARIN PHARMACEUTICAL INC [BMRN]				5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
(Last) (First) (M 105 DIGITAL DRIVE	(Last) (First) (Middle) 3. Date of Earliest Transaction (Month/Day/Year)					Director 10% Owner XOfficer (give title Other (specify below) below) SVP, Corporate Controller			
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 Person				
(City) (State)	(Zip) Tabl	e I - Non-D	erivative	Securi	ities Acc	juired, Disposed of	f. or Beneficial	lv Owned	
1.Title of Security (Instr. 3)2. Transaction Date (Month/Day/Year)	e 2A. Deemed	3. Transactic Code	4. Securi on(A) or D (D) (Instr. 3,	ties A ispose 4 and (A) or	cquired d of	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	
Common 05/15/2017 Stock	05/15/2017	F	207	D	\$ 91.5	13,261	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 Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	4. Transactio Code (Instr. 8)	5. orfNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Secur	unt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Own Follo Repo Trans (Instr
			Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

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## **Reporting Owners**

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
Mueller Brian 105 DIGITAL DRIVE NOVATO, CA 94949			SVP, Corporate Controller				
Signatures							
/s/ Laura Randall Woodhead, Attorney-in-Fact		(	05/17/2017				
**Signature of Reporting Person	n		Date				
Explanation of Re	enon	606'					

## **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).

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.