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LA JOLLA PHARMACEUTICAL CO

Form 5

February 14, 2006 **FORM 5**

Check this	UNITED S	UNITED STATES SECURITIES AND EXCHANGE COMMISSION								OMB Number: Expires: January 31 2005 Estimated average burden hours per		
no longer subject to Section 16. Form 4 or Form ANNUAL STATEME			ENT OF CHANGES IN BENEFICIAL RSHIP OF SECURITIES					Estimated burden ho				
may contir See Instruction 1(b). Form 3 Horal Reported Form 4 Transactio Reported	Filed purs	a) of the F	Public U		g Compa	any A	act of				1.0	
Topper James N Symbol				Name and Ticker or Trading LLA PHARMACEUTICAL PC]				5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
(Last)					ment for Issuer's Fiscal Year Ended /Day/Year) /2005				_X_ Director 10% Owner Officer (give title Other (specify below)			
601 UNION	STREET, SUITI	E 3200										
				mendment, Date Original Month/Day/Year)				6. Individual or Joint/Group Reporting				
								(che	eck applicable lin	ie)		
SEATTLE,Æ	WA 98101							_X_ Form Filed by Form Filed by Person	y One Reporting More than One			
(City)	(State)	(Zip)	Tabl	e I - Non-Deri	ivative Sec	curitie	s Acqı	iired, Disposed	of, or Benefici	ally Owne	ed	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)	4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) (A)			Securities Beneficially Owned at end of Issuer's	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Amount	or (D)	Price	4)				
Common Stock	Â	Â		Â	Â	Â	Â	4,000,000 (1) (2)	I	By Fraz Healthc V, LP (1	are	
	ort on a separate line icially owned directly			contained i	n this for	m are	not r	ollection of info equired to res alid OMB cont	pond unless	SEC	C 2270 (9-02)	

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

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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. Transaction Code (Instr. 8)	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)	
					(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Warrants (right to buy)	Â	Â	Â	Â	Â	Â	(2)	(2)	Common Stock	1,000,000
Stock Option (right to buy)	Â	Â	Â	Â	Â	Â	(3)	(3)	Common Stock	8,000

Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
Topper James N 601 UNION STREET, SUITE 3200 SEATTLE, WA 98101	ÂX	Â	Â	Â			

Signatures

/s/ Gail A. Sloan Attorney-in-fact for James N.
Topper 02/13/2006

Date

**Signature of Reporting Person 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).

These securities are held by Frazier Healthcare V, L.P. Mr. Topper is a member of the investment committee of FHM V, LLC, the general partner of FHM V, L.P., which is the general partner of Frazier Healthcare V, L.P. As a member of the FHM V, LLC investment

- (1) committee, Mr. Topper may be deemed to share voting and investment power for securities held by Frazier Healthcare V, L.P. Mr. Topper and the Frazier entities disclaim beneficial ownership of all such securities except to the extent of their proportionate pecuniary interests therein.
- (2) Reporting only indirect holdings, no transaction data is necessary.
- (3) Reporting only direct holdings, no transaction data is necessary

Note: File three copies of this Form, one of which must be manually signed. If space provided 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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