## Edgar Filing: LA JOLLA PHARMACEUTICAL CO - Form 4

LA JOLLA PF Form 4 March 27, 201	IARMACEUTI	CAL CO									
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549							OMMISSION	OMB AF OMB Number:	PROVAL 3235-0287		
if no longer subject to Section 16. Form 4 or Form 5 obligations may contine	Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction See Instruction Check this box if no longer subject to STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES SECURITIES 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									•	
(Print or Type Res	sponses)										
TANG KEVIN C Symbol LA JC			Symbol	LA PHA	Ticker or Ti RMACEU	-		5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
(Last) 4747 EXECU 510	(Month/Day/Year) 4747 EXECUTIVE DRIVE, SUITE 03/23/2017				ansaction			X_ DirectorX_ 10% Owne Officer (give title Other (spec below) below)			
	(Street) 4. If Amendment, Date Original Filed(Month/Day/Year)						<ul> <li>6. Individual or Joint/Group Filing(Check Applicable Line)</li> <li> Form filed by One Reporting Person</li> <li>_X_ Form filed by More than One Reporting</li> </ul>				
SAN DIEGO,								Person		porting	
(City)	(State) (	Zip)	Tabl	e I - Non-D	erivative Se	curiti	es Acqu	iired, Disposed of,	or Beneficial	y Owned	
	2. Transaction Date Month/Day/Year)		Date, if	3. Transactio Code (Instr. 8) Code V	4. Securitie: r(A) or Disp (Instr. 3, 4 a Amount	osed o	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 Beneficial Ownership (Instr. 4)	
Common Stock	)3/23/2017			Р	149,254	А	\$ 33.5	3,440,419	I <u>(1)</u>	By LP <u>(1)</u>	

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. Transactic Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	7. Tit Amou Under Secur (Instr	int of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr
			Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

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## **Reporting Owners**

<b>Reporting Owner Name / Address</b>		Relationsh	ips		
	Director	10% Owner	Officer	Other	
TANG KEVIN C 4747 EXECUTIVE DRIVE, SUITE 510 SAN DIEGO, CA 92121	Х	Х			
TANG CAPITAL PARTNERS LP 4747 EXECUTIVE DRIVE, SUITE 510 SAN DIEGO, CA 92121		Х			
TANG CAPITAL MANAGEMENT LLC 4747 EXECUTIVE DRIVE, SUITE 510 SAN DIEGO, CA 92121		Х			
Signatures					
/s/ Kevin C. Tang					03/27/2017
<u>**</u> Signature of I	Date				
/s/ Kevin C. Tang, Managing Member of T Partner	03/27/2017				
<u>**</u> Signature of I	Date				
/s/ Kevin C. Tang, Managing Member	03/27/2017				
<u>**</u> Signature of I	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).

The securities are beneficially owned by Tang Capital Partners, LP ("TCP"). Kevin C. Tang is the sole manager of Tang Capital

(1) Management, LLC, which is the general partner of TCP. Mr. Tang disclaims beneficial ownership of the securities, except to the extent of his pecuniary interest therein.

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.