1. Title of Derivative Security	2. Date Exercisable and	3. Title and Amount of	4.	5.	6. Nature of Indirect
(Instr. 4)	Expiration Date	Securities Underlying	Conversion	Ownership	Beneficial Ownership
	(Month/Day/Year)	Derivative Security	or Exercise	Form of	(Instr. 5)
		(Instr. 4)	Price of	Derivative	
			Derivative	Security:	

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

1

PORTOLA PHARMACEUTICALS INC Form 3 February 10, 2015 UNITED STATES SECURITIES AND EXCHANGE COMMISSION FORM 3 Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF 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 Responses)

1. Name and Address of Reporting Person <u>*</u> Brege Laura		2. Date of Event Requiring Statement (Month/Day/Year)	3. Issuer Name and Ticker or Trading Symbol PORTOLA PHARMACEUTICALS INC [PTLA]			
(Last)	(First)	(Middle)	01/27/2015	4. Relationship of Reporting Person(s) to Issuer	5. If Amendment, Date Original Filed(Month/Day/Year)	
C = D = D = D						

C/O PORTOLA PHARMACEUTICALS, INC.. 270 EAST GRAND AVE.

(Street)

SOUTH SAN FRANCISCO. CAÂ 94080

(City) (State) (Zip)

1. Title of Security (Instr. 4)

Table I - Non-Derivative Securities Beneficially Owned

(Check all applicable)

(give title below) (specify below)

X Director

Officer

10% Owner

_ Other

Beneficially Owned (Instr. 4)

Ownership Form: Direct (D) or Indirect (I) (Instr. 5)

4. Nature of Indirect Beneficial Ownership (Instr. 5)

Reporting Person

Person

6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting

Form filed by More than One

SEC 1473 (7-02)

2. Amount of Securities

owned directly or indirectly. Persons who respond to the collection of

Reminder: Report on a separate line for each class of securities beneficially

information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

OMB APPROVAL OMB 3235-0104 Number: January 31, Expires: 2005 Estimated average burden hours per response... 0.5

3.

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Date	Expiration	Title	Amount or	Security	Direct (D)
Exercisable	Date		Number of		or Indirect
			Shares		(I)
					(Instr. 5)

Reporting Owners

Reporting Owner Name / Address		Relationships			
	Director	10% Owner	Officer	Other	
Brege Laura C/O PORTOLA PHARMACEUTICALS, INC. 270 EAST GRAND AVE. SOUTH SAN FRANCISCO, CA 94080	ÂX	Â	Â	Â	
Signatures					
/s/ Mike Ouimette, as 02/09 attorney-in-fact	02/09/2015				
<u>**</u> Signature of Reporting Person Da	ate				

Explanation of Responses:

No securities are beneficially owned

- * If the form is filed by more than one reporting person, see Instruction 5(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.