## Edgar Filing: GILEAD SCIENCES INC - Form 4

GILEAD SCIEN	CES INC										
Form 4 January 03, 2017											
								OMB A	PPROVAL		
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSIO Washington, D.C. 20549						COMMISSIO	N OMB Number:	3235-0287			
Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations	<b>IENT OF</b>	Section 1	SECUE	Estimated burden hou response	urs per						
obligations may continue. See Instruction 1(b).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 Respo	nses)										
1. Name and Address of Reporting Person <u>*</u> Lofton Kevin E			2. Issuer Name <b>and</b> Ticker or Trading Symbol GILEAD SCIENCES INC [GILD]				5. Relationship of Reporting Person(s) to Issuer				
(Last)	(First) (1	Middle)	3. Date of Earliest Transaction				(Cho	(Check all applicable)			
GILEAD SCIENCES, INC., 333 LAKESIDE DRIVE			(Month/Day/Year) 12/29/2016			X_ Director10% Owner Officer (give title below) Other (specify below)					
FOSTER CITY,		4. If Amendment, Date Original 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)	Tah	le I - Non-I	Darivativa	Securities A	cquired, Disposed	of or Bonoficia	lly Owned		
	ansaction Date th/Day/Year)	2A. Deeme Execution any (Month/Da	ed Date, if	3. Transactio Code (Instr. 8) Code V	4. Securit nAcquired Disposed (Instr. 3, -	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: Report on	a separate line	for each cla	ass of sec				or indirectly				
rechnicer, report of				unites belle	Perso inforr requi	ons who res nation cont red to respo	spond to the colle ained in this forn ond unless the fo ntly valid OMB co	n are not rm	SEC 1474 (9-02)		

displays a curre number.

 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 (A) Disposed of (Instr. 3, 4, a) 5)	(D)				
				Code V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Phantom Stock (1)	\$ 0	12/29/2016		А	123.0211 (2)		(3)	(3)	Common Stock	123.0211

## **Reporting Owners**

Reporting Owner Name / Address				
	Director	10% Owner	Officer	Other
Lofton Kevin E GILEAD SCIENCES, INC. 333 LAKESIDE DRIVE FOSTER CITY, CA 94404	Х			
Signatures				
/s/ Marissa Song by Power of A Lofton	Attorney f	for Kevin E.		01/03/2017

\*\*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) Each share of phantom stock is the economic equivalent of one share of Gilead common stock.
- (2) Phantom shares accrued under dividend equivalent rights, which are settled in shares and distributed with the phantom stock units to which they relate.
- (3) The shares of phantom stock are fully vested and, at the election of the reporting person, become payable in common stock at a later date identified by the reporting person.

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.