

# HALOZYME THERAPEUTICS INC

## FORM 5

(Annual Statement of Changes in Beneficial Ownership)

Filed 2/8/2005 For Period Ending 12/31/2004

Address	11588 SORRENTO VALLEY ROAD SUITE 17 SAN DIEGO, California 92121
Telephone	(858) 794-8889
CIK	0001159036
Fiscal Year	12/31

# FORM 5

UNITED STATES SECURITIES AND EXCHANGE  
COMMISSION  
Washington, D.C. 20549

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Form 4 or Form 5  
obligations may continue.  
See Instruction 1(b).  
[ ] Form 3 Holdings  
Reported  
[ ] Form 4 Transactions  
Reported

## ANNUAL STATEMENT OF CHANGES IN 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(f) of the  
Investment Company Act of 1940

1. Name and Address of Reporting Person *	2. Issuer Name and Ticker or Trading Symbol	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)
LIM JONATHAN E	HALOZYME THERAPEUTICS INC [HTI]	<input checked="" type="checkbox"/> Director <input type="checkbox"/> 10% Owner <input checked="" type="checkbox"/> Officer (give title below) <input type="checkbox"/> Other (specify below) President, CEO
(Last) (First) (Middle)	3. Statement for Issuer's Fiscal Year Ended (MM/DD/YYYY) 12/31/2004	
C/O HALOZYME THERAPEUTICS, INC., 1588 SORRENTO VALLEY RD., SUITE 17		
(Street)	4. If Amendment, Date Original Filed (MM/DD/YYYY)	6. Individual or Joint/Group Filing (Check Applicable Line)
SAN DIEGO, CA 92121		<input checked="" type="checkbox"/> Form Filed by One Reporting Person <input type="checkbox"/> Form Filed by More than One Reporting Person
(City) (State) (Zip)		

### Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)	2. Trans. Date	2A. Deemed Execution Date, if any	3. Trans. Code (Instr. 8)	4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)	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)
				Amount (A) or (D) Price			

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

1. Title of Derivate Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Trans. Date	3A. Deemed Execution Date, if any	4. Trans. 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 (MM/DD/YYYY)	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Number of Derivative Securities Beneficially Owned at End of Issuer's Fiscal Year (Instr. 4)	10. Ownership Form of Derivative Security: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					(A) (D)	Date Exercisable Expiration Date	Title Amount or Number of Shares				
Options to Purchase Common Stock	\$2.05	10/13/2004		A	250000	2/1/2007 (1)	10/31/2014 Common Stock	\$2.05	250000	D	
Options to Purchase Common Stock	\$2.02	12/8/2004		A	53422	12/8/2004 (2)	12/8/2014 Common Stock	\$2.02	53422	D	

#### Explanation of Responses:

- Options vest over a period of 50 months, with 1/20 vesting on February 1, 2007 and monthly thereafter until fully vested, contingent upon continued employment with Issuer.
- Options vest over a period of 48 months, with 50% of options vesting on date of grant and monthly thereafter until fully vested, contingent upon continued employment with Issuer.

#### Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
<b>LIM JONATHAN E C/O HALOZYME THERAPEUTICS, INC. 1588 SORRENTO VALLEY RD., SUITE 17 SAN DIEGO, CA 92121</b>	<b>X</b>		<b>President, CEO</b>	

## Signatures

/s/ **Jonathan E.  
Lim**

\*\* Signature of Reporting  
Person

**2/8/2005**

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

\* 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.

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