

ASELAGE STEVE  
Form 4  
May 06, 2008

**FORM 4** UNITED STATES SECURITIES AND EXCHANGE COMMISSION  
Washington, D.C. 20549

OMB APPROVAL

OMB Number: 3235-0287  
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Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

**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(h) of the Investment Company Act of 1940

(Print or Type Responses)

1. Name and Address of Reporting Person \*  
ASELAGE STEVE

2. Issuer Name and Ticker or Trading Symbol  
BIOMARIN PHARMACEUTICAL INC [BMRN]

5. Relationship of Reporting Person(s) to Issuer

(Check all applicable)

(Last) (First) (Middle)

3. Date of Earliest Transaction (Month/Day/Year)  
04/30/2008

\_\_\_ Director \_\_\_ 10% Owner  
 Officer (give title below) \_\_\_ Other (specify below)  
SVP, Global Commercial Dev.

C/O BIOMARIN PHARMACEUTICAL INC., 105 DIGITAL DRIVE

(Street)

4. If Amendment, Date Original Filed(Month/Day/Year)

6. Individual or Joint/Group Filing(Check Applicable Line)  
 Form filed by One Reporting Person  
\_\_\_ Form filed by More than One Reporting Person

NOVATO, CA 94949

(City) (State) (Zip)

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

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 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)			
				(A) or (D)	Price					
Common Stock	04/30/2008 <sup>(1)</sup>		P	V	1,526	A	\$ 10.37	33,560	D	
Common Stock	05/02/2008		M		2,900	A	\$ 7.16	36,460	D	
Common Stock	05/06/2008		M		205	A	\$ 7.16	36,665	D	
Common Stock	05/06/2008		M		12,000	A	\$ 11.74	48,665	D	
	05/02/2008		S		3,800	D		44,865	D	

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Common Stock					\$				
					37.75				
Common Stock	05/06/2008		S	16,200	D	\$	28,665	D	
						37.75			

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

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**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)	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)	Amount or Number of Shares
Stock Option (right to buy)	\$ 7.16	05/02/2008		M	2,900	07/01/2006 <sup>(2)</sup> 06/30/2015	Common Stock	2,900
Stock Option (right to buy)	\$ 7.16	05/05/2008		M	205	07/01/2006 <sup>(2)</sup> 06/30/2015	Common Stock	205
Stock Option (right to buy)	\$ 11.74	05/05/2008		M	12,000	07/06/2006 <sup>(3)</sup> 01/05/2016	Common Stock	12,000

## Reporting Owners

**Reporting Owner Name / Address**

**Relationships**

Director    10% Owner    Officer    Other

ASELAGE STEVE  
C/O BIOMARIN PHARMACEUTICAL INC.  
105 DIGITAL DRIVE  
NOVATO, CA 94949

SVP, Global Commercial Dev.

## Signatures

G. Eric Davis,  
Attorney-in-Fact

05/06/2008

\_\_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) Transaction made pursuant to the Employee Stock Purchase Plan.
- (2) Original option grant vested 12/36ths on 7/1/06 and 1/36th on the 1st of every month thereafter
- (3) Original option grant vested 6/48ths on 7/6/06 and 1/48th on the 6th of every month thereafter

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.