## Edgar Filing: GILEAD SCIENCES INC - Form 4

GILEAD SC	CIENCES INC											
Form 4												
April 05, 20	16											
FORM 4 UNITED STATES SECURITIES AND EXCHANCE OF									OMB APPROVAL			
UNITED STATES SECUR				RITIES A shington			ANGE CO	OMMISSION	OMB Number:	3235-0287		
Check th if no lon							Expires:	January 31,				
subject t		MENT OF	CHAN	IGES IN BENEFICIAL OWNERSHIP (					Estimated average			
Section	16.			SECURITIES					burden hours per			
Form 4 o Form 5				$( \cdot ) = f \cdot i$		4 <sup>1</sup> T	71	A - t - £ 1024	response 0.5			
obligatio							•	Act of 1934, 1935 or Section				
may con	unue.			•	•	-	ct of 1940					
<i>See</i> Instr 1(b).	ruction	50(II) 0	i ule in	i vestinent	compu	11y 7 10	et 01 1940					
(Print or Type)	Responses)											
1. Name and Address of Reporting Person _       2. Issu         Alton Gregg H       Symbol				0				5. Relationship of Reporting Person(s) to Issuer				
	C		•	D SCIEN	ICES IN	C [G	ILDI					
(Last)	(First) (			f Earliest T		-		(Check	all applicable	)		
				n/Day/Year)			Director	10%	Owner			
	CIENCES, INC.,		04/01/2	-				_X_ Officer (give to below)	title Other below)	r (specify		
LAKESIDE	E DRIVE						ı	· · · · · · · · · · · · · · · · · · ·	rp & Med Affa	urs		
				endment, Date Original			(	6. Individual or Joint/Group Filing(Check				
				•				Applicable Line)				
							-	_X_ Form filed by O Form filed by Mo				
FOSTER C	ITY, CA 94404						I	Person		·····8		
(City)	(State)	(Zip)	Tabl	le I - Non-I	Derivative	Secu	rities Acqui	ired, Disposed of,	or Beneficial	ly Owned		
1.Title of Security (Instr. 3)	2. Transaction Date 2A. Deen (Month/Day/Year) Execution any (Month/D		n Date, if Transactionor Dispo Code (Instr. 3			urities Acquired (A) posed of (D) 3, 4 and 5)		5. Amount of Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
						(A) or		Transaction(s)	(Instr. 4)			
				Code V	Amount		Price	(Instr. 3 and 4)				
Common							\$					
Stock	04/01/2016			S	5,000	D	91.2315 (1)	142,090	D			

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)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transac Code (Instr. 8	<ul> <li>5.</li> <li>5.</li> <li>5.</li> <li>5.</li> <li>6.</li> <li>7.</li> &lt;</ul>	6. Date Exercisable and Expiration Date (Month/Day/Year)		Amou Under Secur	le and unt of rlying ities . 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owno Follo Repo Trans (Instr
				Code	V (A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

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## **Reporting Owners**

Reporting Owner Name / Address	Relationships							
· · · · · · · · · · · · · · · · · · ·	Director	10% Owner	Officer	Other				
Alton Gregg H GILEAD SCIENCES, INC. 333 LAKESIDE DRIVE FOSTER CITY, CA 94404			EVP, Corp & Med Affairs					
Signatures								
/s/ Katie Watson by Power of A Alton	04/05/2016							
<u>**</u> Signature of Report	ing Person		Date					
Explanation of Da		0001						

## **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) Sale prices reported for the transactions reported here range from \$91.11 to \$91.34. Full information regarding the number of shares purchased or sold at each separate price will be provided to the SEC, the issuer or its shareowners upon request.

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.