Edgar Filing: MOONEY JOSEPH F - Form 4

MOONEY JOSEPH F Form 4 January 22, 2003

FORM 4

_ Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

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

OMB Number: 3235-0287 Expires: January 31, 2005 Estimated average burden hours per response. . .0.5

www.section16.net

OMB APPROVAL

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

 Name and Address of Reporting Person* Mooney Joseph F. 			ne and Tic maceutical		Pe	6. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
(Last) (First) (Middle) c/o Arena Pharmaceuticals, Inc. 6166 Nancy Ridge Drive	of Reporting Person,					tatement for hth/Day/Year 12/03	10 X O C	Director 10% Owner X Officer (give title below) Other (specify below) Chief Financial Officer		
(Street) San Diego, CA 92121						Amendment, e of Original nth/Day/Year)	(C <u>X</u> Pe	 Individual or Joint/Group Filing Check Applicable Line) Form filed by One Reporting Person Form filed by More than One Reporting Person 		
(City) (State) (Zip)	Т	able	I Non-D	erivati	Dispose	oosed of, or Beneficially Owned				
1. Title of Security2. Trans- action2A. Deemed Execution(Instr. 3)Date (Month/Day/ Year)Date, if any (Month/Day/ Year)	3. Trans action C (Instr. 8 Code	ode	4. Securitie (A) or Disp <u>(Instr. 3, 4</u> Amount	posed o	f (D)	5. Amount of Securities Beneficially Owned Follow- ing Reported Transactions(s) (Instr. 3 & 4)		F = 0	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Common Stock 01/20/03	Α		25,000	A	(1)		26,202	D		

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).

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

FORM 4 (continued) Table II - Derivative Securities Acquired, Disposed of, or Beneficially												
Owned												
		<u>(e</u>	.g., puts,	calls, v	warrants,	, options, convertib	ole securities)					
1. Title of	2. Conver-	3. Trans-	3A.	4.	5. Number	6. Date Exercisable	7. Title and	8. Price of	9. Number of	10.	11. Natu	
Derivative	sion or	action	Deemed	Trans-	of	and Expiration	Amount of	Derivative	Derivative	Owner-	of Indire	
Security	Exercise	Date	Execution	action	Derivative	Date	Underlying	Security	Securities	ship	Beneficia	
	Price of	1	Date,	Code	Securities	(Month/Day/	Securities	(Instr. 5)	Beneficially	Form	Ownersh	
(Instr. 3)	Derivative	(Month/	if any	1	Acquired	Year)	(Instr. 3 & 4)		Owned	of Deriv-	(Instr. 4)	
	Security	Day/	(Month/	(Instr.	(A) or	1	1		Following	ative	1	
	1 '	Year)	Day/	8)	Disposed	'	1		Reported	Security:		

OMB

) of Filed By at Romeo and Dye's Section 16 Filer

Edgar Filing: MOONEY JOSEPH F - Form 4

			Year)		(Ir	of (D) (Instr. 3, 4 & 5)							Direct (D) or Indirect	
				Code	V (A) (D)	Exer-cisable	Expira- tion Date		Amount or Number of Shares			(I) (Instr. 4)	
Employee Stock Option (right to buy)	\$31.34	01/20/03		D		25,000)11/14/00 <u>(2)</u>		Common Stock	25,000	(1)	0	D	

Explanation of Responses:

(1) On January 20, 2003, the reporting person received the shares of restricted stock reported on Table I of this Form 4 in exchange for canceling the options reported on Table II of this Form 4 and other consideration. (2) The options are exercisable upon grant, but are subject to vesting.

By: /s/ Joseph F. Mooney

<u>01/22/03</u> Date

**Signature of Reporting Person

**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.

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 Number.