GILEAD SCIENCES INC

Form 5

January 24, 2014

OMB APPROVAL FORM 5 **OMB**

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

no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction

Check this box if

ANNUAL STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Form 3 Holdings Section 17(a) of the Public Utility Holding Company Act of 1935 or Section

Reported 30(h) of the Investment Company Act of 1940 Form 4

Transactions Reported

1(b).

1. Name and Address of Reporting Person * YOUNG KEVIN			2. Issuer Name and Ticker or Trading Symbol GILEAD SCIENCES INC [GILD]				I	5. Relationship of Reporting Person(s) to Issuer				
(Last) GILEAD SO LAKESIDE	CIENCES, INC.,Â	(3. Stateme (Month/Da 12/31/20	• •	Fiscal Year	r Ende	_ 	Director _X Officer (give elow)		Owner er (specify		
			4. If Amendment, Date Original 6 Filed(Month/Day/Year)				6. Individual or Joint/Group Reporting (check applicable line)					
FOSTER C	ITY, CA 9440 (State)	4 Zip)	Table	I. Non Doni	votivo Soor	.nitios	P	erson	More than One Re	eporting		
	` /	. 17	rabie	e I - Noll-Deri	vanve Sect	iriues	Acqui	red, Disposed of	, or beneficial	ly Owned		
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deeme Execution any (Month/Da	Date, if	3. Transaction Code (Instr. 8)	(A) or Dis (D) (Instr. 3, 4	sposed	of	5. Amount of Securities Beneficially Owned at end of Issuer's Fiscal Year (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
Common Stock	01/30/2013	Â		A4	21,332	A	\$0	183,172	D	Â		

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)

SEC 2270

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January 31,

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1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exerc	cisable and	7. Title	e and	8. Price of	
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transaction	Number	Expiration D	ate	Amou	nt of	Derivative	
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Under	lying	Security	
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Securi	ties	(Instr. 5)	
	Derivative				Securities			(Instr.	3 and 4)		
	Security				Acquired						
					(A) or						
					Disposed						
					of (D)						
					(Instr. 3,						
					4, and 5)						
									Amount		
									or		
						Date	Expiration		Number		
						Exercisable	Date		of		
					(A) (D)				Shares		
					(4) (1)				SHales		

of D

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Reporting Owners

Reporting Owner Name / Address	Relationships							
noporous o mai rumo / raunos	Director	10% Owner	Officer	Other				
YOUNG KEVIN GILEAD SCIENCES, INC.	•	•	•	^				
333 LAKESIDE DRIVE	Ã	Â	EVP, Commercial Operations	A				
FOSTER CITY Â CA Â 94404								

Signatures

/s/ John F. Milligan by Power of Attorney for Kevin Young 01/24/2014

Explanation of Responses:

**Signature of Reporting Person

- * 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).

Represents shares of the Issuer's common stock subject to a specific tranche of the performance share award made to the Reporting Person on January 26, 2012. Such tranche of shares was subject to both performance-vesting and service-vesting requirements. The performance vesting requirement was deemed satisfied on the date reported in Column 2 above upon certification of performance goal attainment by the Compensation Committee of the Issuer's Board of Directors. However, the shares will not be actually issued to the Reporting Person until such individual satisfies the applicable service-vesting requirement by continuing in the Issuer's employ through December 31, 2014.

Date

Note: File three copies of this Form, one of which must be manually signed. If space provided 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.

Reporting Owners 2