GILEAD SCIENCES INC

Form 4

October 09, 2008

FORM 4

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

SECURITIES

OMB Number:

3235-0287

Expires:

January 31, 2005

0.5

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if no longer subject to Section 16. Form 4 or Form 5

Check this box

obligations may continue. See Instruction

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

1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person * **BERG PAUL**

2. Issuer Name and Ticker or Trading Symbol

GILEAD SCIENCES INC [GILD]

5. Relationship of Reporting Person(s) to

(Check all applicable)

Issuer

(Last)

(City)

(First)

(Middle)

(Zip)

3. Date of Earliest Transaction

(Month/Day/Year)

10/08/2008

X_ Director Officer (give title

10% Owner Other (specify

BECKMAN CENTER, RM. **B062. STANFORD UNIVERSITY** SCHOOL OF MEDICINE

(State)

(Street) 4. If Amendment, Date Original

Filed(Month/Day/Year)

6. Individual or Joint/Group Filing(Check

Applicable Line)

X Form filed by One Reporting Person Form filed by More than One Reporting

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

STANFORD, CA 94305

	Tubbo I Mon Zoll unit o Boom long all poster of, or Zollollolling of the										
1.Title of	2. Transaction Date	2A. Deemed	3.	4. Securit	ies Ac	quired (A)	5. Amount of	6.	7. Nature of		
Security	(Month/Day/Year)	Execution Date, if	Transactio	omr Dispos	ed of	(D)	Securities	Amount of 6. 7. Nature of 6 decurities eneficially Form: Beneficial Direct (D) Ownership or Indirect (Instr. 4) (Instr. 4) (Instr. 3 and 4) (6,967)			
(Instr. 3)		any	Code	ode (Instr. 3, 4 and 5)			Beneficially	Form:	Beneficial		
		(Month/Day/Year)	(Instr. 8)				Owned	Direct (D)	Ownership		
		•					Following	or Indirect	(Instr. 4)		
					(4)		Reported	(I)			
					(A)		Transaction(s)	(Instr. 4)			
			G 1 17		or	ъ.	(Instr. 3 and 4)				
~			Code V	Amount	(D)	Price					
Common	10/08/2008		M	13,450	Α	\$	36.067	D			
Stock	10/00/2000		171	13,430	А	3.3868	30,907	D			
Common	10/08/2008		S	13,450	D	\$ 39.57	23 517	D			
Stock	10/06/2006		S	13,430	D	φ 39.31	23,317	D			

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

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02)required to respond unless the form displays a currently valid OMB control number.

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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. Transactio Code (Instr. 8)	5. Number of orDerivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amour Underlying Securit (Instr. 3 and 4)	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amo or Num of Sh
Non-Qualified Stock Option (right to buy)	\$ 3.3868	10/08/2008		M	13,450	<u>(1)</u>	04/29/2010	Common Stock	13,4

X

Reporting Owners

Reporting Owner Name / Address

Director 10% Owner Officer Other
PAUL

BERG PAUL BECKMAN CENTER, RM. B062 STANFORD UNIVERSITY SCHOOL OF MEDICINE STANFORD, CA 94305

Signatures

/s/ Paul Berg 10/08/2008

**Signature of 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) Options vested quarterly over a period of five years beginning July 29, 2000 and were fully vested on April 29, 2005.

Remarks:

a currently valid OMB number.

The exercise and sale transactions reported in this Form 4 are made pursuant to a Rule 10b5-1 trading plan established by Dr. 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

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