## Edgar Filing: GILEAD SCIENCES INC - Form 4

GILEAD SO Form 4	CIENCES INC											
February 24												
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549									OMB AP OMB Number:	PROVAL 3235-0287		
Check th				Shington	, D.C. 20				Expires:	January 31,		
if no lon subject t Section Form 4 o Form 5	STATEN 16. or	<b>STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF</b> <b>SECURITIES</b> Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,								2005 verage 's per 0.5		
obligatio may con <i>See</i> Instr 1(b).	ons Section 17(	(a) of the l	Public U		ding Cor	npan	y Act of	1935 or Section				
(Print or Type	Responses)											
1. Name and Address of Reporting Person <u>*</u> BERG PAUL			2. Issuer Name <b>and</b> Ticker or Trading Symbol GILEAD SCIENCES INC [GILD]					5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
(Last)	(First) (	Middle)		of Earliest T	ransaction							
BECKMAN CENTER, RM. B062, STANFORD UNIVERSITY SCHOOL OF MEDICINE			(Month/Day/Year) 02/23/2010				-	X_ Director 10% Owner Officer (give title Other (specify below) below)				
(Street)			Filed(Month/Day/Year)				Ĺ	6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person				
STANFOR	D, CA 94305							Form filed by Mo Person				
(City)	(State)	(Zip)	Tab	le I - Non-l	Derivative	Secu	rities Acqu	ired, Disposed of,	or Beneficiall	y Owned		
1.Title of Security (Instr. 3)2. Transaction Date (Month/Day/Year)2A. Deemed Execution Date, i any (Month/Day/Year)		Date, if	Code (Instr. 3, 4 and 5) ar) (Instr. 8) (A)				5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
~				Code V	Amount	or (D)	Price	(Instr. 3 and 4)				
Common Stock	02/23/2010			М	15,000	А	\$ 7.26	48,500	D			
Common Stock	02/23/2010			S	15,000	D	\$ 47.4316	33,500	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.

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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)	( · · · · · · · · · · · · · · · · · · ·		ate	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)	\$ 7.26	02/23/2010		М	15,000	(2)	04/29/2012	Common Stock	15,0

## **Reporting Owners**

Reporting Own	<b>Reporting Owner Name / Address</b>		Relationships					
			10% Owner	Officer Other				
BERG PAUL BECKMAN CENTER, RM. B062 STANFORD UNIVERSITY SCHOOL OF MEDICINE STANFORD, CA 94305								
Signatures								
/s/ Paul Berg	02/23/2010							

## **Explanation of Responses:**

\* If the form is filed by more than one reporting person, *see* Instruction 4(b)(v).

Date

- \*\* 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 for the transactions reported here range from \$47.42 to \$47.45. Full information regarding the number of shares purchased or sold at each price will be provided to the SEC, the issuer, or its shareowners upon request.
- (2) Options vested quarterly for a period of five years beginning July 29, 2002 and were fully vested on April 29, 2007.

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.

\*\*Signature of

Reporting Person