Edgar Filing: ARADIGM CORP - Form 4

| ARADIGM Form 4 January 30, 2 | | | | | | | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|----------------------------------------------------------------------|--------------------------------------------|----------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|-----------|--|--|
| FORM | | | | | | - | PPROVAL | | |
| UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 | | | | | | OMB Number: | 3235-0287 | | |
| Check th if no long subject to Section 1 Form 4 o | 6. STATEMEN | F OF CHANGES | | | NERSHIP OF | Expires: Estimated a burden hou response | irs per | | |
| Form 5 obligations may continue. See Instruction 1(b). 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 | | | | | | | | | |
| (Print or Type I | Responses) | | | | | | | | |
| | address of Reporting Perso BABTUNDE A | Symbol | and Ticker or Trador or Trador (ARDM) | ding | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | |
| (Last) | (First) (Middle | 3. Date of Earlies | 3. Date of Earliest Transaction | | | | | | |
| C/O ARAD POINT EDI | IGM CORP, 3929 EN WAY | (Month/Day/Yea 01/25/2007 | r) | | Director 10% Owner X Officer (give title Other (specify below) VP of Clincal Affairs | | | | |
| | (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 | | | | |
| HAYWARI | D, CA 94545 | | | | | Nore than One Re | | | |
| (City) | (State) (Zip) | Table I - No | n-Derivative Secu | irities Ac | quired, Disposed of | f, or Beneficial | lly Owned | | |
| 1.Title of Security (Instr. 3) | an | Deemed 3. ceution Date, if Trans Code onth/Day/Year) (Instr | 4. Securities action(A) or Dispo (D) | Acquired sed of nd 5) () r | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | • | | |
| Common Stock | 01/25/2007 | Р | 5,000 A | \$ 0.95 | 8,020 | 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)

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| 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. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | | ate | Secur | ınt of rlying | 8. Price of Derivative Security (Instr. 5) | 9. Nu Deriv Secu Bene Owna Follo Repo Trans (Instr |
|-----------------------------------------------------|-----------------------------------------------------------------------|-----------------------------------------|-------------------------------------------------------------|----------------------------------------|-------------------------------------------------------------------------------------------------------------------------|---------------------|--------------------|-------|----------------------------------------|-----------------------------------------------------|----------------------------------------------------------------------------|
| | | | | Code V | (A) (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | |

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | | | |
|------------------------------------------------------------------------------------|---------------|-----------|-----------------------|-------|--|--|--|
| | Director | 10% Owner | Officer | Other | | | |
| OTULANA BABTUNDE A C/O ARADIGM CORP 3929 POINT EDEN WAY HAYWARD, CA 94545 | | | VP of Clincal Affairs | | | | |
| Signatures | | | | | | | |
| /s/ Babatunde Otulana, by Ron attorney-in-fact. | 01/30/2007 | | | | | | |
| <u>**</u> Signature of Report | ing Person | | Date | | | | |
| Evenlay attack of Da | | | | | | | |

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).

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.