Ajer Jeffrey Robert Form 4 March 21, 2019

## FORM 4

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

**SECURITIES** 

**OMB APPROVAL OMB** 3235-0287

Number:

Expires:

5. Relationship of Reporting Person(s) to

January 31, 2005

0.5

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

Check this box

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 \*

may continue.

See Instruction

1. Name and A Ajer Jeffrey	Address of Reporting I Robert	Symbol BIOM	2. Issuer Name and Ticker or Trading Symbol BIOMARIN PHARMACEUTICAL INC [BMRN]				5. Relationship of Reporting Person(s) to Issuer  (Check all applicable)			
(Last)  C/O BIOMA PHARMAC DIGITAL I	ARIN CEUTICAL INC.,	(Month/) 03/19/2	3. Date of Earliest Transaction (Month/Day/Year) 03/19/2019				Director 10% Owner Specify Delow)  EVP, Chief Commercial Officer			
NOVATO,	(Street) CA 94949		endment, Da onth/Day/Year		1		6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person			
(City)	(State)	(Zip) Tab	le I - Non-D	erivative	Secur	ities Acq	uired, Disposed of	f, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transactic Code (Instr. 8)	4. Securi on(A) or Do (Instr. 3,	ispose	d of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Common Stock	03/19/2019(1)		S	3,728	D	93.07	59,248	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	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exerc	cisable and	7. Titl	le and	8. Price of	9
	Derivative	Conversion	(Month/Day/Year)	Execution Date, if	TransactionNumber		Expiration Date		Amou	int of	Derivative	J
	Security	or Exercise		any	Code	of	(Month/Day/	Year)	Under	lying	Security	,
(Instr. 3)		Price of		(Month/Day/Year)	(Instr. 8	Derivative	,		Securities		(Instr. 5)	]
		Derivative				Securities		(Instr.	3 and 4)		(	
Secu		Security				Acquired						J
		_				(A) or						J
						Disposed						-
						of (D)						(
						(Instr. 3,						
						4, and 5)						
										Amount		
										Amount		
						Date	Expiration	Title Number				
							Exercisable Date		of			
					C-1- 1	7 (A) (D)						
					Code V	(A) (D)				Shares		

## **Reporting Owners**

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

Ajer Jeffrey Robert C/O BIOMARIN PHARMACEUTICAL INC., 105 DIGITAL DRIVE NOVATO, CA 94949

EVP, Chief Commercial Officer

9. Nu Deriv Secur Bene Own Follo Repo Trans (Instr

## **Signatures**

/s/ Eric Fleekop, Attorney-in-Fact

\*\*Signature of Reporting 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) Trade made pursuant to a 10b5-1 plan executed on September 10, 2018.

The price in column 4 is the weighted average price. The price actually received ranged from \$92.87 to \$93.41. The reporting person shall (2) provide to the issuer, any security holder of the issuer, or the SEC staff, upon request, information regarding the number of shares sold at each price.

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.

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