FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | | | |
|-------------------|-----------|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | | |
| Estimated average | burden | | | | | | | | |

0.5

hours per response:

| | Check this box if no longer subject to |
|---|--|
| ١ | Section 16. Form 4 or Form 5 |
| ı | obligations may continue. See |
| | Instruction 1(h) |

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

| | | | | | ors | section | on 30(n) | of the I | nvestme | nt Co | mpany Act | of 19 | 40 | | | | | | | |
|--|---|--|--|----------------|---|--|----------|--------------------------------------|------------------|---|----------------------|--|-----------------|-----------------------|---|---|---|---|------------------------|--|
| 1. Name and Address of Reporting Person* <u>Hart Danny J Jr.</u> | | | | | 2. Issuer Name and Ticker or Trading Symbol PDL BIOPHARMA, INC. [PDLI] | | | | | | | | | . Relation Check a | wner | | | | | |
| (Last) (First) (Middle) 932 SOUTHWOOD BOULEVARD | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 04/10/2014 | | | | | | | | | | | Officer (give title below) Other (special below) Deputy G. Counsel/Asst Secry | | | | |
| (Street) INCLINE VILLAGE NV 89451 (City) (State) (Zip) | | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | ine) | dual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| | | Tabl | e I - No | n-Deriv | ative | Se | curitie | s Acc | quired, | Dis | posed o | f, o | r Bene | eficia | ally O | wne | ed | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Da | | | | ay/Year) Exc | | A. Deemed Execution Date, f any Month/Day/Year) | | Transaction Disposed Code (Instr. 5) | | ities Acquired (A) d Of (D) (Instr. 3, 4 | | | 4 and Se | | 5. Amount of Securities Beneficially Owned Following Reported | | rship irect direct 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | | | | | | v | Amount | | (A) or (D) | Price | , т | Transaction(s) (Instr. 3 and 4) | | | | (msu. 4) |
| Common stock 04/10/ | | | | | | /2014 | | | | | 24,635(1) | | A | \$8. | .22 | 2 47,766 | | D | | |
| | | Та | | | | | | | | | osed of, onvertib | | | | | ned | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deem Execution if any (Month/Da | Date, | | ransaction ode (Instr. | | | | Exerci: on Dat Day/Ye | | 7. Title and Amount of Securities Underlying Derivative Security (Instrand 4) | | | | | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Ownersh Form: Direct (D or Indire (I) (Instr. | n: ct (D) direct | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | Code | v | (A) | (D) | Date Exercisa | | Expiration Date | Title | or Nun of | ount nber res | | | | | | |

Explanation of Responses:

1. The restricted stock will vest, provided that the officer remains employed by the Company and certain performance goals are achieved, based upon the following schedule: 50% on December 12, 2015; 16.66% on December 12, 2016; 16.66% on December 12, 2017; and 16.66% on December 12, 2018.

Remarks:

<u>/s/ Danny J. Hart, Jr.</u> 04/15/2014

** Signature of Reporting Person Date

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

- * 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.

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 Number.