SEC Form 4

П

FORM 4

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

OMB APPROVAL

Ir

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| OMB Number: | 3235-0287 | | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|--|--|
| Estimated average burden | | | | | | | | | |
| hours per response: | 0.5 | | | | | | | | |

| 1. Name and Address of Reporting Person [*] KORN LAURENCE JAY | | | 2. Issuer Name and Ticker or Trading Symbol PROTEIN DESIGN LABS INC/DE [PDLI] | | ationship of Reporting Pe < all applicable) Director | erson(s) to Issuer 10% Owner | |
|---|---------|-------|---|------------------|--|---------------------------------|--|
| (Last) (First) (Middle) C/O PROTEIN DESIGN LABS, INC. | | | 3. Date of Earliest Transaction (Month/Day/Year) 11/30/2004 | | Officer (give title below) | Other (specify below) | |
| 34801 CAMPUS DRIVE | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | 6. Indi Line) | vidual or Joint/Group Filing (Check Applicable | | |
| (Street) | | | | X | Form filed by One Re | porting Person | |
| FREMONT | CA | 94555 | | | Form filed by More the Person | an One Reporting | |
| (City) | (State) | (Zip) | | | | | |

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

| 1. Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | Transaction Code (Instr. | | 4. Securities Disposed Of | | | 5. Amount of Securities Beneficially Owned Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
|---------------------------------|--|---|-----------------------------|---|------------------------------|---------------|--|---|---|---|
| | | | Code | v | Amount | (A) or (D) | Price Reported Transaction(s (Instr. 3 and 4 | | | |
| Common Stock | 11/30/2004 | | М | | 10,000 | A | \$4 | 902,858 | D | |
| Common Stock | 11/30/2004 | | S ⁽³⁾ | | 10,000 | D | \$18.0925 | 892,858 | D | |

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. Transa Code (8) | | of Deri Sec Acq (A) (Disp of (I | umber vative urities uired or oosed D) (Instr. and 5) | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | nd 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
|---|---|--|---|------------------------------|---|--|--|--|--------------------|--|--|---|--|--|--|
| | | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | | | |
| Employee stock option (right to buy) | \$4 | 11/30/2004 | | М | | | 10,000 | (1) | 12/08/2004 | Common Stock | 10,000 | \$0 ⁽²⁾ | 51,400 | D | |

Explanation of Responses:

1. Options vest 1/4 on the first anniversary of the vesting date and thereafter vest 1/48 per month. Only vested options are exercisable.

2. Column 8 is not a required reportable field. New SEC software requires a dollar amount; use zeros per SEC.

3. Sale was made pursuant to a 10b5-1 plan established by the reporting person.

Remarks:

<u>/s/ Laurence Jay Korn</u>

12/02/2004

Date

** Signature of Reporting Person

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.