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FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

|) | Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b). |
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| | 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 APPROVAL | | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | |
| Estimated average burden | | | | | | | | |
| hours per response: 0.5 | | | | | | | | |

| 1. Name and Address of Reporting Person [*] Iwanicki David | | | 2. Issuer Name and Ticker or Trading Symbol <u>PDL BIOPHARMA, INC.</u> [PDLI] | | ationship of Reporting Pe k all applicable) Director | 10% Owner |
|--|--|-----|---|-----------------------|---|--|
| (Last) (First) (Middle) C/O PDL BIOPHARMA, INC. 34801 CAMPUS DRIVE (Street) FREMONT CA 94555 (City) (State) (Zip) | | () | 3. Date of Earliest Transaction (Month/Day/Year) 01/18/2007 | | Officer (give title below) VP, Sales & Sales | Other (specify below) s Operations |
| | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | 6. Indi Line) X | vidual or Joint/Group Fili Form filed by One Re Form filed by More th Person | porting Person |

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

| 1. Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | if any ' | | ransaction Disposed Of (D) (Instr. 3, 4 and code (Instr. 5) | | | | 5. Amount of Securities Beneficially Owned Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership |
|---------------------------------|--|----------|-------------------------|---|--------|---------------|---------|---|---|---|
| | | | Code | v | Amount | (A) or (D) | Price | Reported Transaction(s) (Instr. 3 and 4) | | (Instr. 4) |
| Common Stock | 01/18/2007 | | М | | 645 | Α | \$17.13 | 645 | D | |
| Common Stock | 01/18/2007 | | S ⁽¹⁾ | | 645 | D | \$22 | 0 | 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 Expiration Date Derivative (Month/Day/Year) Securities Acquired | | Amount of | | 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 | 4 | | | |
| Employee Stock Option (Right to Buy) | \$17.13 | 01/18/2007 | | М | | | 645 | (2) | 07/20/2013 | Common Stock | 645 | \$0 | 27,775 | D | |

Explanation of Responses:

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

2. Option vests with respect to approximately 645 shares per month and 4 shares remained exercisable immediately after this transaction. Only vested options are exercisable

Remarks:

| /s/ Fran | <u>icis Sarena by Franc</u> | is |
|----------|-----------------------------|----|
| | Attorney in Fact for | |

David Iwanicki

01/22/2007

** 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.