FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

washington,	D.C. 20549	

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

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

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

Name and Address of Reporting Person*				2. Issuer Name and Ticker or Trading Symbol PDL BIOPHARMA, INC. [PDLI]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
<u>GARC</u>	IA PETE	<u>R S</u>		-	טב .	DIOFII	ЛΙ	<u>IVIA, II</u>	<u> </u>	PDLI			`	Director			10% Ow	ner	
(1+)	(5	:A	(A.4:-1-11-)	— <u> </u>									_ X	Officer (below)	(give title		Other (specifically below)	oecify	
(Last) (First) (Middle)					3. Date of Earliest Transaction (Month/Day/Year) 03/28/2019									Vice President, CFO					
C/O PDL BIOPHARMA, INC. 932 SOUTHWOOD BLVD.				ľ	<i>5</i> / 2 <i>6</i> / 2	2015													
(Street)				4	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable					
INCLIN	E N	1 7	89451										Line)	Form fil	ed by One	e Repo	rting Person		
VILLAG	E IN	V	09451										Form filed by More than One Reporting Person						
(City)	(S	tate)	(Zip)																
		Та	ble I - Non-	Derivati	ve Se	ecurities	s Ac	quired,	Dis	osed o	of, or B	enet	icially	Owned					
Date			Date			2A. Deemed Execution Date if any (Month/Day/Yea		Code (Instr.					Beneficia Owned Fo	s Following (I)	Form: (D) or	orm: Direct D) or Indirect) (Instr. 4)	7. Nature of Indirect Beneficial Ownership		
								Code V		Amount	Amount (A) or (D)		Price	Reported Transaction(s) (Instr. 3 and 4)				Instr. 4)	
			Table II - D (e	erivativ e.g., put										Owned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	Execution Date, if any	Code	action (Instr.	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		curity	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Code	v	(A)	(D)	Date Exercisal		xpiration ate	Title	or Nu	nount mber Shares		Transaction(s) (Instr. 4)				
Stock Option (right to buy)	\$3.72	03/28/2019		A		628,930		(1)	0	3/28/2029	Commo stock	n 62	8,930	\$0	628,9	30	D		

Explanation of Responses:

1. The stock options will vest as follows: (a) 25% of the shares subject to the option shall vest on the one year anniversary of January 1, 2019 and (b) 75% of the shares subject to the option shall vest on a monthly basis pro rata over the thirty-six (36) months following the one year anniversary of January 1, 2019, provided that the recipient's continuous service has not terminated prior to the applicable vesting date, subject to earlier vesting upon a change in control and certain qualifying terminations of employment provided in the severance agreement between the issuer and the recipient.

Remarks:

/s/ Nathan Kryszak, Attorneyin-Fact for Peter S. Garcia 03/29/2019

** 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.