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/h) |

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL OMB Number: Estimated average burden hours per response: 0.5

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

| 1. Name ar KORN | | 2. Issuer Name and Ticker or Trading Symbol PROTEIN DESIGN LABS INC/DE [PDLI] | | | | | | | | | | ck all applic | or | | 10% Ov | vner | | | | |
|--|---|---|---|--------|------------------------------|---|---|-------------------|------------------------------|-------------------------------|---------------|--|----------------|---|--------------|---|---|---------------|--|---|
| (Last) (First) (Middle) C/O PROTEIN DESIGN LABS, INC. 34801 CAMPUS DRIVE | | | | | 06 | 3. Date of Earliest Transaction (Month/Day/Year) 06/22/2005 | | | | | | | | | | below) | | below)` | | |
| (Street) FREMONT CA 94555 (City) (State) (Zip) | | | | | - 4. I - | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | | ndividual or Joint/Group Filing (Check Applicable a) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| (City) | (5 | | ole I - Nor | n-Deri | vativ | e Se | curit | ties Ac | auirea | l. Di | snos | sed o | f. or B | enef | iciall | v Owned | | | | |
| 1. Title of Security (Instr. 3) 2. Transa Date (Month/E | | | | | saction | n ear) | 2A. Deemed Execution Date, if any (Month/Day/Year) | | 3. Trar | 3. Transaction Code (Instr. 5 | | 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 | | | A) or | 5. Amou Securitie Benefici Owned F | nt of es ally Following | Form (D) o | r Indirect str. 4) | 7. Nature of Indirect Beneficial Ownership |
| | | | | | | | | | | e v | A | mount | (A) (D) | or | Price | Reported Transact (Instr. 3 | tion(s) | on(s) | | (Instr. 4) |
| Common Stock 06/22/ | | | | | | 2005 | | М | | | 20,00 | 0 4 | 4 | \$4.25 | 863 | 863,178 | | D | | |
| Common Stock 06/22/ | | | | | | :/2005 | | | | | | 20,00 | 0 1 |) | \$20.4 | 843,178 | | D | | |
| | | | Table II - | | | | | es Acq arrants | | | | | | | | Owned | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemee Execution I if any (Month/Day | Date, | 4. Transa Code (8) | | of | | 6. Date Expirat (Month | on Da | te | of Se Unde Deriv | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4) | illy | Ownership Form: Direct (D) or Indirect (I) (Instr. 4 | Beneficial Ownership (Instr. 4) |
| | | | | | Code | v | (A) | (D) | Date Exercis | able | Expii Date | xpiration ate | Title | or Nu of | mber ares | | | | | |
| Employee Stock Option (right to | \$4.25 | 06/22/2005 | | | M | | | 20,000 | (2) | | 04/14 | 4/2009 | Commo Stock | n 20 | ,000 | \$0 | 320,00 | 0 | D | |

Explanation of Responses:

- 1. Sale was made pursuant to a 10b5-1 plan established by the reporting person.
- 2. Options vest 1/4 on the first anniversary of the vesting date and thereafter vest 1/48 per month. Only vested options are exercisable.

Remarks:

/s/ Glen Y. Sato by Glen Y. Sato, Attorney in Fact for Laurence Jay Korn

06/24/2005

** 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.