FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

	OMB Number:	3235-0287
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l	hours nor resnance.	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	n 30(h)	of the	Investment	Con	npany Act	of 1940								
Name and Address of Reporting Person*  LINK MAX						2. Issuer Name <b>and</b> Ticker or Trading Symbol PROTEIN DESIGN LABS INC/DE [ PDLI ]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  X Director 10% Owner					
														Х		-			-	
(Last)	(F	irst)	3. [	3. Date of Earliest Transaction (Month/Day/Year)									Officer (give title below)			Other (specify below)	pecify			
` '	`	SIGN LABS, IN	06/	06/30/2004																
	AMPUS DI	•	c.																	
54001 C	TIVII OS DI	M V L						Date	of Original	Filed	(Month/D	ay/Year)		6. Ind	lividual or .	Joint/Group	Filinç	g (Check Ap	plicable	
(Street)					06/	/30/2	004							X	Form f	iled by One	Ren	orting Perso	n	
FREMO	NT C.	A	94555											21	-	,		n One Repo		
															Person				9	
(City)	(S	tate)	(Zip)																	
		Tab	le I - Non	-Deriv	ative	Sec	curities	s Ac	auired.	Dist	nosed o	of, or B	enefic	ially	, Owner					
1 Title of (	Coourity (Inc.		1			_			3.			-			5. Amou		6 00	nership 7	7. Nature	
1. Title of Security (Instr. 3)  2. Transac Date (Month/Da						ar) E	2A. Deemed Execution Date, if any (Month/Day/Yea		e, Transaction Code (Instr.					4 and Secu Bene Own		ities icially d Following (		: Direct r Indirect str. 4)	of Indirect Beneficial Ownership	
									Code	v	Amount	(A) or (D)		ice	Reported Transact (Instr. 3	tion(s)			(Instr. 4)	
		T	able II - [												Owned					
		1			uts,	cans	s, warr	ants	s, option					<del>-</del>			_			
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution I if any (Month/Day	Date,	4. Transa Code ( 8)		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 Securit (Instr. 3 and 4)			3. Price of Derivative Security Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction( (Instr. 4)	ly	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisable		Expiration Date	Title	Amor or Numl of Share	ber						
Stock Option (Right to	\$19.13	06/30/2004			A		3,000		(2)	06	5/30/2014	Common	3,00	00	\$0	3,000 <sup>(1</sup>	)	D		

### **Explanation of Responses:**

1. This entry on this amended Form 4 is not a new transaction but is included only to gain access to the system. On the original Form 4 filed on June 30, 2004, four stock option grants were reported: (1) 6/30/2004 transaction date for 3,000 shares, (2) 6/30/2004 transaction date for 3,000 shares, (3) 6/30/2004 transaction date for 3,000 shares, and (4) 6/30/2004 transaction date for 3,000 shares. The 4th grant of an option for 3,000 shares was reported in error and is hereby deleted.

2. Options vest 1/12 per month over one (1) year from the date of the grant. Only vested shares are exercisable.

## Remarks:

Buy)(1)

/s/ Max Link 02/28/2005

\*\* 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.