FORM 3

O'Shea Robert J

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## OMB APPROVAL

OMB Number: 3235-0104

Estimated average burden hours per response: 0.5

## INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

					6(a) of the Securities Exchar ne Investment Company Act			1934				
1. Name and Address of Reporting Person* Silver Point Capital L.P.		Requiring S (Month/Day	2. Date of Event Requiring Statement (Month/Day/Year) 12/10/2020		3. Issuer Name and Ticker or Trading Symbol PDL BIOPHARMA, INC. [ PDLI ]							
	t) (Middle) TCH PLAZA, FIRST	. 10/10/10		- 1	Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director X 10% Owner				5. If Amendment, Date of Original Filed (Month/Day/Year)			
FLOOR		_			Officer (give title below)	C		specify		eck Applicable Form filed	oint/Group Filing te Line) by One Reporting	
(Street) GREENWICH (	CT 06830	_							3	Person Form filed Reporting	by More than One Person	
(City) (Sta	te) (Zip)											
	Ta	able I - Non	-Deriva	ιtiv	e Securities Benefic	ciall	у Оч	vned				
1. Title of Security (Instr. 4)				. Amount of Securities Beneficially Owned (Instr. )				4. Nature of Indirect Beneficial Ownership (Instr. 5)				
Common Stock					11,423,460		D <sup>(1)</sup>					
	(e.g				Securities Beneficiates, options, convert				)			
1. Title of Derivative	2. Date Exercisable and Expiration Date (Month/Day/Year)		nd	Underlying Derivative Securi (Instr. 4)  Am or Nur of		Curity Conversio or Exercis Price of Derivative Security		ercise		6. Nature of Indirect Beneficial Ownership (Instr. 5)		
	Date Exercisable							ive				
1. Name and Addres	ss of Reporting Person* <u>Capital L.P.</u>											
(Last)	` '	ddle)										
TWO GREENW	TCH PLAZA, FIRST	FLOOR										
(Street) GREENWICH	CT 068	830										
(City)	(State) (Zip	D)										
1. Name and Addres	ss of Reporting Person*  ARD A											
(Last) TWO GREENW	(First) (Mi	ddle) FLOOR										
(Street) GREENWICH	CT 066	830										
(City)	(State) (Zip	0)										
1. Name and Addres	ss of Reporting Person*											

(Last)	(First)	(Middle)						
TWO GREENWICH PLAZA, FIRST FLOOR								
F								
(Street)								
GREENWICH	CT	06830						
(2)	(2)	(=: \)						
(City)	(State)	(Zip)						

## **Explanation of Responses:**

1. Silver Point Capital, L.P. ("Silver Point") or its wholly owned subsidiaries are the investment managers of Silver Point Capital Fund, L.P., Silver Point Capital Offshore Master Fund, L.P., Silver Point Distressed Opportunities Fund, L.P., Silver Point Distressed Opportunity Institutional Partners, L.P. and Silver Point Distressed Opportunity Institutional Partners, L.P. and Silver Point Distressed Opportunity Institutional Partners Master Fund (Offshore), L.P. (the "Funds") and, by reason of such status, may be deemed to be the beneficial owner of all of the reported securities held by the Funds. Silver Point Capital Management, LLC ("Management") is the general partner of Silver Point and as a result may be deemed to be the beneficial owner of all of the securities held by the Funds. Messrs. Edward A. Mule and Robert J. O'Shea are each members of Management and as a result may be deemed to be the beneficial owner of all of the securities held by the Funds. Silver Point, Management and Messrs. Mule and O'Shea disclaim beneficial ownership of the reported securities held by the Funds except to the extent of their pecuniary interests.

/s/ Steven Weiser, Authorized Signatory on 12/15/2020 behalf of Silver Point Capital, L.P. /s/ Steven Weiser (as attorney-in-fact on behalf 12/15/2020 of Edward A. Mule, individually) /s/ Steven Weiser (as attorney-in-fact on behalf 12/15/2020 of Robert J. O'Shea, individually) \*\* Signature of Reporting Date 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 5 (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.