FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549
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Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

TWO GREENWICH PLAZA, FIRST FLOOR

(Street)

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

> > 7. Nature of Indirect Beneficial Ownership (Instr. 4)

11. Nature of Indirect Beneficial Ownership (Instr. 4)

	tion 1(b).	nue. See		File							ies Exchang		f 193	4			nours	per re	esponse:	0.5	
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Name and Address of Reporting Person* Silver Point Capital L.P.				2. Issuer Name and Ticker or Trading Symbol PDL BIOPHARMA, INC. [PDLI]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director X 10% Owner									
								4			give title	2	_	wher (specify							
(Last) (First) (Middle) 3. Date of Earliest Transaction (Month/Day/Year) 12/16/2020									bel	ow)			below)	1							
TWO GI	REENWIC.	H PLAZA, FIR	STFLC	OOR	<u> </u>									1							
(Street)					4. If a	Amend	ment,	Date o	of Origin	al File	d (Month/Da	y/Year)		6. In)				ng (Check /		
GREEN	WICH C	Γ	06830											,	For		•		oorting Pers an One Res		
(City)	(9:	tate)	(Zip)											X Form filed by More than One Reporting Person							
(Oily)	(3)				1									<u>.</u>							
4 724 - 55	0 14 - 11		e I - No	2. Transac		Т			quired	, DIS	posed of				_			6.0		7 Natura	
1. Title of a	Security (Ins	tr. 3)		Date (Month/Da			A. Deemed Execution Date, f any Month/Day/Year)		Transa Code (4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5)			s, 4 and	Secu	5. Amount of Securities Beneficially		6. Ownership Form: Direct (D) or Indirect		7. Nature of Indirec Beneficia	
				,	,				8)						Own Repo	Owned Following Reported		(I) (Instr. 4)		Ownershi (Instr. 4)	
									Code	٧	Amount	(A) ((D)	or	Price		saction r. 3 au					
Common	Stock			12/16/2	2020				P		1,350,000) A		\$2.58	14	14,863,460			D		
Common	Stock			12/17/2	2020				P		398,000	A		\$2.61	15	5,261	1,460		D		
		T	able II								osed of,				Own	ed					
4 Title of			aa B			alls, v	1			-	convertib			<u> </u>	Dalas a		. Number	- 6	10.	11. Natu	
Derivative Security				tion Date,	4. Transa Code		nstr. Derivative Securities Acquired		Expira (Month	tion Da		7. Title Amou Securi	nt of	0	. Price o erivative ecurity	rivative de		OT	Ownership Form: Direct (D) or Indirect	of Indire Benefic Owners (Instr. 4	
(Instr. 3)	Price of Derivative			h/Day/Year)							,	Under Deriva	tive	(1	nstr. 5)	B	eneficially wned	′			
	Security						(A) o Disp of (D	osed				Securi 3 and		nstr.		R	Following Reported Transaction(s (Instr. 4)	1(5)	(I) (Instr. 4	1)	
								r. 3, 4										1(3)			
													Amo	ount							
									Date		Expiration		Num of	nber							
					Code	V	(A)	(D)	Exerci	sable	Date	Title	Shai	res							
ı	nd Address o Point Cap	f Reporting Perso	n [*]																		
, Silver	omi Cap	<u> </u>				_															
(Last)		(First)	(M	liddle)																	
TWO GI	REENWIC	H PLAZA, FIR	ST FLO	OOR																	
(Street)						-															
GREEN	WICH	CT	06	5830																	
						-															
(City)		(State)	(Zi	ıp)		_															
	nd Address o Robert J	f Reporting Perso	n [*]																		
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(City)		(State)	(Zi	ib)		_															
	nd Address of EDWAR	f Reporting Perso	n																		
	71711	<u></u>				_															
(Last)		(First)	(M	liddle)																	

GREENWICH	CT	06830
(City)	(State)	(Zip)

Explanation of Responses:

Remarks:

/s/ Steven Weiser, Authorized

Signatory on behalf of Silver 12/18/2020

Point Capital, L.P.

/s/ Steven Weiser (as attorney-

in-fact on behalf of Edward A 12/18/2020

Mule, individually)

/s/ Steven Weiser (as attorney-

in-fact on behalf of Robert J. 12/18/2020

O'Shea, individually)

** Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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.

 $^{^{\}star}$ 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).