FORM 3

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

## INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

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

Stone Christopher Lewis			Date of Event equiring Staten Month/Day/Year 2/02/2009	nent	3. Issuer Name and Ticker or Trading Symbol PDL BIOPHARMA, INC. [ PDLI ]						
(Last) (PO BOX 427	(First)	(Middle)				Relationship of Reporting Person(s) to Issuer (Check all applicable)     Director 10% Owner			5. If Amendment, Date of Original Filed (Month/Day/Year)		
165 PINON RD					X	Officer (give title below)  VP and General C	Other (specify below)		6. Individual or Joint/Group Filing (Check Applicable Line)  X Form filed by One Reporting Person		
(Street) MARKLEEVIL	LLE CA	96120								Form filed by Reporting Pe	y More than One erson
(City)	(State)	(Zip)									
Table I - Non-Derivative Securities Beneficially Owned											
1. Title of Security (Instr. 4)					2. Amount of Securities Beneficially Owned (Instr. 4)		3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)		4. Nature of Indirect Beneficial Ownership (Instr. 5)		
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)											
Ex			Expiration Da	2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Securi Underlying Derivative Securi		4. Convers or Exerc	ion (	5. Ownership Form: Direct (D)	6. Nature of Indirect Beneficial Ownership (Instr. 5)
			Date Exercisable	Expiration Date	n Title		Amount or Number of Shares	Derivativ Security	ve	or Indirect (I) (Instr. 5)	

**Explanation of Responses:** 

## Remarks:

No securities are beneficially owned.

/s/ Christopher Stone 02/03/2009

\*\* 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.

 $<sup>^{\</sup>ast}$  If the form is filed by more than one reporting person, see Instruction 5 (b)(v).

<sup>\*\*</sup> Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).