### FORM 4

# UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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 and Address of Reporting Person*  DAWES KAREN A						2. Issuer Name and Ticker or Trading Symbol PDL BIOPHARMA, INC. [ PDLI ]								Relationship of Reporting Person(s) to Issuer (Check all applicable)     X Director 10% Owner					
															r (give title		Other (s		
(Last) (First) (Middle)								Tran	saction (Mont	h/D	ay/Year)		below			below)	specify		
C/O PDL BIOPHARMA, INC.							06/14/2006												
34801 CAMPUS DRIVE						If Amendment, Date of Original Filed (Month/Day/Year)									Joint/Grou	n Filing	ı (Check An	nlicable	
					"	and the same of original filed (Month Buy, real)								6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street) FREMONT CA 94555													X Form filed by One Reporting Person  Form filed by More than One Reporting  Person						
(City) (State) (Zip)																			
		Tak	le I - Non	-Deriv	ative	Se	curities	s Ac	quired, D	isp	osed o	f, or Be	neficia	ly Owned	t				
1. Title of Security (Instr. 3)  2. Transa Date (Month/D						ar)	2A. Deemed Execution Date, if any		Code (Instr.					Benefic	es ially	6. Ownership Form: Direct (D) or Indirect		7. Nature of Indirect Beneficial	
					(Month/Day/Yea			Code V		Amount	(A) or Pri		Reporte Transac (Instr. 3	ed ction(s)			Ownership (Instr. 4)		
			Table II - I	) oriva	tivo 9	200	uritios	۸۰۵	uired, Dis	no	sed of	or Ren	oficially	Owned	<u> </u>		<u> </u>		
									s, options					Owneu					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution D if any (Month/Day)	Date, T C y/Year) 8	4. Transaction Code (Instr. 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 Amoun of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securitie Beneficia Owned Following Reported Transacti (Instr. 4)	e s Illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisable		kpiration ate	Title	Amount or Number of Shares						
Stock Option (right to buy)	\$17.29	06/14/2006			A		15,000		(1)	06	5/14/2013	Common Stock	15,000	\$0	15,00	0	D		
Stock Option (right to buy)	\$17.29	06/14/2006			A		3,000		(2)	06	5/14/2013	Common Stock	3,000	\$0	3,000	0	D		
Stock Option (right to buy)	\$17.29	06/14/2006			A		3,000		(2)	06	5/14/2013	Common Stock	3,000	\$0	3,000	)	D		
Stock Option (right to buy)	\$17.29	06/14/2006			A		3,000		(2)	06	5/14/2013	Common Stock	3,000	\$0	3,000	)	D		
Stock Option (right to	\$17.29	06/14/2006			A		3,000		(2)	06	5/14/2013	Common Stock	3,000	\$0	3,000	)	D		

# **Explanation of Responses:**

- $1. \ This \ option \ vests \ with \ respect to \ 1/12 \ of \ the \ shares \ per \ month \ over \ one \ year \ after \ the \ date \ of \ grant. \ Only \ vested \ options \ are \ exercisable.$
- 2. This option vests with respect to 1/12 of the shares per month over one year beginning July 1, 2006. Only vested options are exercisable.

#### Remarks:

/s/ George Jue by George Jue, Attorney in Fact for Karen A.

06/16/2006

**Dawes** 

\*\* 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.