## SECURITIES AND EXCHANGE COMMISSION

# FORM 4

Statement of changes in beneficial ownership of securities

Filing Date: 2013-01-10 | Period of Report: 2013-01-09 **SEC Accession No.** 0001209191-13-002780

(HTML Version on secdatabase.com)

## REPORTING OWNER

### **Loury David J**

CIK:1383004

Type: 4 | Act: 34 | File No.: 000-26658 | Film No.: 13522749

Mailing Address C/O PHARMACYCLICS, INC. 995 EAST ARQUES AVENUE SUNNYVALE CA 94085-4521

## **ISSUER**

### PHARMACYCLICS INC

CIK:949699| IRS No.: 943148201 | State of Incorp.:DE | Fiscal Year End: 0630 SIC: 2834 Pharmaceutical preparations

Mailing Address PHARMACYCLICS INC 995 E ARQUES AVE

**Business Address** PHARMACYCLICS INC 995 E ARQUES AVE SUNNYVALE CA 94085-4521 SUNNYVALE CA 94085-4521 408 774 0330

### FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

# UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL										
OMB Number:	3235-0287									
Expires:	02/28/2011									
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# STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940

1. Name and Address  Loury David J	s of Reporting Persor	n <u>*</u>	2. Issuer Name and Ticker or Trading Symbol PHARMACYCLICS INC [PCYC]	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director  V. Officer (give title)  Other (specify below)			
(Last)	(First)	(Middle)	3. Date of Earliest Transaction (Month/Day/Year)	Officer (give title Other (specify below) below)			
			Chief Scientific Officer				
C/O PHARMACYCLICS, INC., 995 EAST ARQUES		5 EAST ARQUES					
AVENUE							
	(Street)		4. If Amendment, Date Original Filed(Month/Day/Year)	6. Individual or Joint/Group Filing (Check applicable line)  X Form Filed by One Reporting Person			
SUNNYVALE, CA 94085-4521				Form Filed by More than One Reporting Person			
(City)	(State)	(Zip)					

### Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1.Title of Security (Instr. 3)	2. Transaction Date (Month/ Day/Year)	Date, if any (Month/Day/ 8)		ction Instr.	4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		5. Amount of Securities Beneficially Owned	Ownership Form: Direct (D)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
		Year)	Code	v	Amount	(A) or (D)	Price	Following Reported Transaction(s) (Instr. 3 and 4)	or Indirect (I) (Instr. 4)	
Common Stock	01/09/2013		<u>S</u>		10,531	A	\$4.16	10,856	D	
Common Stock	01/09/2013		<u>S</u>		10,531	D	\$66.3	325	D	

# Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

Security (Instr. 3)	Conversion or Exercise	3. Transaction Date (Month/ Day/Year)	3A. Deemed Execution Date, if any (Month/ Day/ Year)	4. Transaction Code (Instr. 8)				6. Date Exercisable and Expiration Date (Month/Day/ Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		Security (Instr. 5)	9. Number of Derivative Securities Beneficially Owned Following Reported	10. Ownership Form of Derivative Security: Direct (D) or Indirect	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		Transaction(s) (Instr. 4)	(I) (Instr. 4)	
Stock Option (Right to Buy)	\$4.16	01/09/2013		<u>M</u>			10,531	05/23/2006 (1)	05/23/2016	Common Stock	10,531	\$ 0	5,000	D	

### **Explanation of Responses:**

1. 1.16,250 Option Shares vest on 5-23-2007 and 48,750 Option Shares vest in a series of 36 equal and successive monthly installments from 5-23-2007.

#### **Signatures**

/s/ David J Loury

\*\* Signature of Reporting Person

01/09/2013

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.