

BIOMARIN PHARMACEUTICAL INC
 Form 4
 August 14, 2007

FORM 4

**UNITED STATES SECURITIES AND EXCHANGE COMMISSION
 Washington, D.C. 20549**

OMB APPROVAL

OMB Number: 3235-0287
 Expires: January 31, 2005
 Estimated average burden hours per response... 0.5

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

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

(Print or Type Responses)

1. Name and Address of Reporting Person *
 Wood Mark

2. Issuer Name and Ticker or Trading Symbol
 BIOMARIN PHARMACEUTICAL INC [BMRN]

5. Relationship of Reporting Person(s) to Issuer
 (Check all applicable)
 Director 10% Owner
 Officer (give title below) Other (specify below)
 VP, Human Resources

(Last) (First) (Middle)

C/O BIOMARIN PHARMACEUTICAL INC., 105 DIGITAL DRIVE

3. Date of Earliest Transaction (Month/Day/Year)
 08/10/2007

4. If Amendment, Date Original Filed(Month/Day/Year)

6. Individual or Joint/Group Filing(Check Applicable Line)
 Form filed by One Reporting Person
 Form filed by More than One Reporting Person

NOVATO, CA 94949

(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)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)	4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Ownership (Instr. 4)
			Code	V	Amount	(A) or (D)	Price
Common Stock	08/10/2007		M		1,049	A	\$ 11.74
Common Stock	08/10/2007		M		1,053	A	\$ 6.37
Common Stock	08/10/2007		M		531	A	\$ 6.13
Common Stock	08/10/2007		S		2,633	D	\$ 21.08
					0		

Edgar Filing: BIOMARIN PHARMACEUTICAL INC - Form 4

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

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 control number.

SEC 1474
(9-02)

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

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	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 Amount of Underlying Securities (Instr. 3 and 4)	Amount or Number of Shares
Stock Option (right to buy)	\$ 6.37	08/10/2007		M	1,053	11/03/2004 ⁽¹⁾ 05/02/2014	Common Stock	1,053
Stock Option (right to buy)	\$ 6.13	08/10/2007		M	531	07/07/2005 ⁽²⁾ 01/06/2015	Common Stock	531
Stock Option (right to buy)	\$ 11.74	08/10/2007		M	1,049	07/06/2006 ⁽²⁾⁽³⁾ 01/05/2016	Common Stock	1,049

Reporting Owners

Reporting Owner Name / Address

Relationships

Director 10% Owner Officer Other

Wood Mark
C/O BIOMARIN PHARMACEUTICAL INC.
105 DIGITAL DRIVE
NOVATO, CA 94949

VP, Human Resources

Signatures

/s/ G. Eric Davis,
Attorney-in-Fact 08/14/2007

**Signature of Reporting Person

Date

Explanation of Responses:

* 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).

(1) Options vested 6/48ths on 11/3/2004 and 1/48th on the 3rd of each month thereafter.

(2) Options vested 6/48ths on 7/7/2005 and 1/48th on the 7th of each month thereafter.

(3) Options vested 6/48ths on 7/6/2006 and 1/48th on the 6th of each month thereafter.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.