

SPIEGELMAN DANIEL K
 Form 4/A
 October 13, 2017

FORM 4

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

OMB APPROVAL

OMB Number: 3235-0287
 Expires: January 31, 2015
 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 *
 SPIEGELMAN DANIEL K

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)
 EVP, Chief Financial Officer

(Last) (First) (Middle)
 C/O BIOMARIN
 PHARMACEUTICAL INC.,, 770
 LINDARO ST.

3. Date of Earliest Transaction
 (Month/Day/Year)
 05/27/2015

(Street)
 SAN RAFAEL, CA 94901

4. If Amendment, Date Original Filed(Month/Day/Year)
 05/28/2015

6. Individual or Joint/Group Filing(Check Applicable Line)
 Form filed by One Reporting Person
 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)	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 Indirect Ownership (Instr. 4)
				(A) or (D)	Price		
Common Stock	05/27/2015 ⁽¹⁾⁽²⁾	05/27/2015	M	34,078	A \$ 67.81	109,663	D
Common Stock	05/27/2015 ⁽³⁾⁽²⁾	05/27/2015	S	34,078	D \$ 130 ⁽⁴⁾	75,585	D

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)		
				Code	V (A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Stock Option (Right to buy Common Stock)	\$ 67.81	05/27/2015 ⁽¹⁾⁽²⁾	05/27/2015	M	34,078	11/15/2013	05/14/2023	Common Stock	34,078

Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
SPIEGELMAN DANIEL K C/O BIOMARIN PHARMACEUTICAL INC., 770 LINDARO ST. SAN RAFAEL, CA 94901			EVP, Chief Financial Officer	

Signatures

/s/ Laura Randall Woodhead,
Attorney-in-Fact

10/13/2017

**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) On May 28, 2015, the reporting person filed a Form 4 which inadvertently failed to report this option exercise.
- (2) Trade made pursuant to a 10b5-1 plan executed on March 11, 2015.
- (3) On May 28, 2015, the reporting person filed a Form 4 which inadvertently reported an incorrect transaction date and deemed execution date. This amendment corrects such date.
- (4) All shares sold at same price.

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.