Edgar Filing: MILLIGAN JOHN F - Form 4

MILLIGAN Form 4	JOHN F										
December 30									OMB AF	PROVAL	
	UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549						OMMISSION	OMB Number:	3235-0287		
if no long subject to Section 1 Form 4 o Form 5 obligatio may cont <i>See</i> Instru 1(b).	ger 6. r Filed p ns cinue.	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						Expires: January 31, 2005 Estimated average burden hours per response 0.5			
(Print or Type I	Responses)										
1. Name and Address of Reporting Person <u>*</u> MILLIGAN JOHN F			2. Issuer Name and Ticker or Trading Symbol GILEAD SCIENCES INC [GILD]				-	5. Relationship of Reporting Person(s) to Issuer			
(Last) (First) (Middle) 3. Date (Month 333 LAKESIDE DRIVE 12/28/ (Street) 4. If An			3. Date of Earliest Transaction (Month/Day/Year) 12/28/2004					(Check all applicable) <u>X</u> Director <u>10%</u> Owner <u>X</u> Officer (give title <u>Other</u> (specify below) EVP, Chief Financial Officer			
				Amendment, Date Original Month/Day/Year)				6. Individual or Joint/Group Filing(CheckApplicable Line)_X_ Form filed by One Reporting Person			
FOSTER C	ITY, CA 94404	4						Form filed by M Person	ore than One Rej	porting	
(City)	(State)	(Zip)	Tabl	e I - Non-E	Derivative	Secur	ities Acqu	uired, Disposed of	, or Beneficiall	y Owned	
1.Title of Security (Instr. 3)	2. Transaction D (Month/Day/Yea		n Date, if	3. Transactic Code (Instr. 8) Code V	(Instr. 3,	sposed 4 and (A) or	d of (D)	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 Beneficial Ownership (Instr. 4)	
Common Stock	12/28/2004			М	4,000	Α	\$ 7.2969	92,302 <u>(1)</u> <u>(3)</u>	D		

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

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

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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. 5. Number Transaction Derivative Code Securities (Instr. 8) 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)		8. De Se (It
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Incentive Stock Option (right to buy)	\$ 7.2969	12/28/2004		М	4,000	<u>(2)</u>	07/22/2009	Common Stock	4,000	

Reporting Owners

Reporting Owner Name / Address	Relationships						
1	Director	10% Owner	Officer	Other			
MILLIGAN JOHN F 333 LAKESIDE DRIVE FOSTER CITY, CA 94404			EVP, Chief Financial Officer				
Ciam at una a							

Signatures

/s/ John F. 12/28/2004 MIlligan

**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) All share and dollar amounts reflect a two-for-one stock split effected on 9/3/04 benefitting all stockholders as of 8/12/04.
- The options vested 20% on the first anniversary date of the grant, and the remaining balance vested quarterly over a four-year period (2)beginning 7/22/00. The option was fully vested as of 7/22/04.
- Amount of Securities Beneficially Owned Following Reported Transaction(s) (Table I, Col. 5) reflects a correction to the number of
- (3) shares owned as previously reported. In January 2004, 647 shares were erroneously included in Dr. Milligan's holdings and these shares were reflected (and split adjusted) in subsequent filings prior to this report.

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.