

TRIUS THERAPEUTICS INC

Reported by **KJELLSON NINA S**

FORM 4

(Statement of Changes in Beneficial Ownership)

Filed 05/24/12 for the Period Ending 05/22/12

Address 6310 NANCY RIDGE DR SUITE 105

SAN DIEGO, CA 92121

Telephone 858-452-0370

CIK 0001356857

Symbol TSRX

SIC Code 2834 - Pharmaceutical Preparations

Industry Biotechnology & Drugs

Sector Healthcare

Fiscal Year 12/31





[] 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

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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(f) of the Investment Company Act of 1940

1. Name and Address of Reporting Person *				2.	2. Issuer Name and Ticker or Trading Symbol							5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
Kjellson Nina	\mathbf{S}			T	riı	ıs Ther	rap	eutics I	nc [TS	RX]						
•				3.	3. Date of Earliest Transaction (MM/DD/YYYY)) — —	X Director 10% Owne				
C/O TRIUS THERAPEUTICS,					5/22/2012						below)	Officer (give title below) Other (specification)			(specify	
INC., 6310 NA SUITE 105				Ε,												
					4. If Amendment, Date Original Filed (MM/DD/YYYY)							6. Individual or Joint/Group Filing (Check Applicable Line)				
SAN DIEGO,	CA 921	21									W F	1.11.0	D			
(City)	(State)	(Zip))										Reporting Per than One Rep		n	
		Table l	I - Non-I								or Beneficially	<u></u>		ı-	1	
1. Title of Security (Instr. 3)				2. Tra	ans.	2A. Deemed Execution Date, if	n (I	Code A Instr. 8) D (I	Securities cquired (A) is posed of (nstr. 3, 4 an (A) or mount (D)	or Foll (Ins d 5)	amount of Securitie owing Reported T tr. 3 and 4)			6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership	
Tab	le II - Dei	rivative	Securitio	es Be	nef	icially C)wn	ned (<i>e.g.</i> ,	puts, cal	lls, warr	ants, options,	, convert	ible secur	ities)	•	
1. Title of Derivate Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Trans. Date		4. Trans Code (Instr 8)	i	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exe and Expirati			•	8. Price of Derivative Security (Instr. 5)	derivative Securities Beneficially Owned Following Reported	Form of Derivative	Beneficial	
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		Transaction (s) (Instr. 4)	4)		
Stock Option (right to buy)	\$5.05	5/22/2012		A		12000		(1)	5/21/2022	Common Stock	12000	\$0.00	12000	D		

Explanation of Responses:

(1) The stock option vests in 12 successive equal monthly installments over the one year period beginning on May 22, 2012.

Reporting Owners

Paparting Owner Name / Address	Relationships							
Reporting Owner Name / Address	Director	10% Owner	Officer	Other				
Kjellson Nina S								
C/O TRIUS THERAPEUTICS, INC.								
6310 NANCY RIDGE DRIVE, SUITE 105	X							
CAN DIEGO, CA 02121								
SAN DIEGO, CA 92121								

Signatures

/s/ Michael Morneau, Attorney-in-Fact

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 control number.