

ARENA PHARMACEUTICALS INC

Reported by **NEIL GARRY ARTHUR**

FORM 4

(Statement of Changes in Beneficial Ownership)

Filed 02/14/17 for the Period Ending 02/13/17

Address 6154 NANCY RIDGE DRIVE

SAN DIEGO, CA 92121

Telephone 858-453-7200

CIK 0001080709

Symbol ARNA

SIC Code 2834 - Pharmaceutical Preparations

Industry Biotechnology & Medical Research

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

OMB APPROVAL OMB Number: 3235-0287 Estimated average burden hours per response... 0.5

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person *				2. I	2. Issuer Name and Ticker or Trading Symbol						ool	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
NEIL GARRY ARTHUR					ARENA PHARMACEUTICALS INC [ARNA]							X Director 10% Owner				
(Last) (First) (Middle)				3. I	3. Date of Earliest Transaction (MM/DD/YYYY)							Officer (giv	e title below	·)O	ther (specify	below)
C/O ARENA PHARMACEUTICALS, INC., 6154 NANCY RIDGE DRIVE					2/13/2017											
,	(Stre			4. I	f An	nendment	, Date (Origina	al Fil	ed (MM/I	DD/YYYY)	6. Individual o	or Joint/G	roup Filing (Check Appl	icable Line)
SAN DIEGO, CA 92121 (City) (State) (Zip)												X Form filed by One Reporting Person Form filed by More than One Reporting Person				
		ŗ	Гable I - N	on-Der	ivati	ive Securi	ities Ac	equire	d, Di	isposed (of, or Ben	eficially Owne	ed			
1.Title of Security (Instr. 3) 2. Trans. D]	te 2A. Deemed Execution Date, if any 3. Trans. Code (Instr. 8) Code V Amount (D) 4. Securities Acquired (A) 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)						7. Nature of Indirect Beneficial Ownership (Instr. 4)						
	Tabl	e II - Deri	vative Secu	ırities B	Bene	ficially O	wned ([e.g.,]	puts	, calls, w	arrants,	options, conve	rtible sec	urities)		
1. Title of Derivate Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Trans. Date		4. Trans. Code (Instr. 8)		5. Number of Derivative Securities Acqui (A) or Disposed (D) (Instr. 3, 4 and 5)		Expiration of			7. Title and Securities U Derivative S (Instr. 3 and	derlying Derivative Security (Instr. 5)		Securities Beneficially Owned Following	Ownership Form of Derivative Security: Direct (D)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	v	(A)	(D)	Date Exercis		Expiration Date	Title	Amount or Number of Shares		Reported Transaction(s) (Instr. 4)	or Indirect (I) (Instr. 4)	
Employee Stock Option (right to buy)	\$1.46	2/13/2017		A		75000		<u>(1</u>)	2/13/2024	Common Stock	75000	\$0.00	75000	D	
Employee Stock Option (right to buy)	\$1.46	2/13/2017		A		41666		(2))	2/13/2024	Common Stock	41666	\$0.00	41666	D	

Explanation of Responses:

- (The options vest over one year with one twelfth vesting on March 13, 2017, and the remainder of the shares vesting monthly over the following eleven
- 1) months in equal installments (except as otherwise necessary to avoid vesting of a fractional share), and are exercisable once vested.
- (The options vest over four months with 25% vesting on March 13, 2017, and the remainder of the shares vesting monthly over the following three months in
- 2) equal installments (except as otherwise necessary to avoid vesting of a fractional share), and are exercisable once vested.

Reporting Owners

	Relationships						
Reporting Owner Name / Address							
responding a when realist realists	Director	10% Owner	Officer	Other			
NEIL GARRY ARTHUR							
C/O ARENA PHARMACEUTICALS, INC.	v						
6154 NANCY RIDGE DRIVE	Λ						
SAN DIEGO, CA 92121							

Signatures

Steven W. Spector, as Attorney-in-Fact

**Signature of Reporting Person

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 control number.