

SCICLONE PHARMACEUTICALS INC

Reported by CHEUNG WILSON WAI-SHUN

FORM 4

(Statement of Changes in Beneficial Ownership)

Filed 03/09/17 for the Period Ending 03/08/17

Address 950 TOWER LANE

SUITE 900

FOSTER CITY, CA 94404-2125

Telephone 650-358-3456

CIK 0000880771

Symbol SCLN

SIC Code 2834 - Pharmaceutical Preparations

Industry Pharmaceuticals

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 or Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person *					2. 1	<u> </u>										5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
Cheung Wilson Wai-Shun						SCICLONE PHARMACEUTICALS INC [SCLN]										Director 10% Owner				
(Last)	(First	(M	iddle)		3. 1	Date	of Earli	iest Tra	ınsa	ection	ı (MM	I/DD	/YYYY	<i>(</i>)	•	_X _ Officer (g CFO & Senio			Other (speci	fy below)
950 TOWER			900						3/8	3/20	17									
	(Stre	eet)			4.]	f Ar	nendme	nt, Dat	e C	rigin	al Fi	led	(MM/D	D/YYYY) (6. Individual o	or Joint/G	roup Filing	Check Appl	icable Line)
FOSTER CI	TY, CA		p)													X Form filed b		rting Person One Reporting P	erson	
			Table 1	I - Non	1-Der	ivat	ive Seci			_						ficially Owne				
1.Title of Security (Instr. 3) 2. Trans. I			. Date	Exec	Deemed ution if any	3. Trans (Instr. 8)		de	or Dis	. Securities Acquir Disposed of (Dinstr. 3, 4 and 5)		D) Fol		Amount of Securiti lowing Reported T str. 3 and 4)			6. Ownership Form: Direct (D)	7. Nature of Indirect Beneficial Ownership		
								Code	:	V	Amoi	unt	(A) or (D)	Price					or Indirect (I) (Instr. 4)	(Instr. 4)
	Tab	le II - Der	ivative	Securi	ities l	Bene	eficially	Owne	d (e.g. ,	puts	s, ca	ılls, w	arrants	, o _]	ptions, conve	rtible sec	urities)		
1. Title of Derivate Security (Instr. 3)	2. Conversion or Exercise Price of Derivative	3. Trans. Date	3A. Dee Execution Date, if a	n (In	Trans. istr. 8)	Acquired Disposed		ve Securities d (A) or		6. Date Exerc Expiration D		cisab Oate			Underlying Security			9. Number of derivative Securities Beneficially Owned	Form of Derivative Security:	11. Nature of Indirect Beneficial Ownership (Instr. 4)
	Security			Code		v	(A)	(I	(D)		isable		iration	Title		Amount or Number of Shares		Following Reported Transaction(s) (Instr. 4)	Direct (D) or Indirect (I) (Instr. 4)	
Restricted Stock Unit (1)	<u>(2)</u>	3/8/2017			A		12000			(<u>3)</u>	3/8/	2027	Commo Stock	n	12000	\$0	125500	D	
Incentive Stock Option (right to buy)	\$9.65	3/8/2017			A		10651			Œ	<u>4)</u>	3/8/	2027	Commo Stock	n	10651	\$0	10651	D	
Non-Qualified Stock Options (right to buy) (1)	\$9.65	3/8/2017			A		73349			<u>(</u>	<u>4)</u>	3/8/	2027	Commo Stock	n	73349	\$0	73349	D	

Explanation of Responses:

- Granted under the Issuer's 2015 Equity Incentive Plan.
- Each restricted stock unit represents the right to receive, at settlement, one share of common stock.
- (Vesting for such RSUs will occur 25% on March 8, 2018, 25% on March 8, 2019, 25% on March 8, 2020, and 25% on March 8, 2021, contingent upon the
- 3) executive's continued employment.
- (25% of such shares vest from one year from the date of grant and 2.0833% vests each month thereafter, provided that the Reporting Person continues to be
- 4) employed by the Issuer.

Reporting Owners

Reporting Owner Name / Address	Relationships								
Reporting Owner Name / Address	Director	10% Owner	Officer	Other					
Cheung Wilson Wai-Shun									
950 TOWER LANE, SUITE 900			CFO & Senior VP, Finance						
FOSTER CITY, CA 94404									

Signatures

/s/ Wilson W. Cheung

3/9/2017

** 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.