

SCICLONE PHARMACEUTICALS INC

Reported by CHEUNG WILSON WAI-SHUN

FORM 4

(Statement of Changes in Beneficial Ownership)

Filed 08/16/17 for the Period Ending 08/15/17

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

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. Issuer Name and Ticker or Trading Symbol									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
Cheung Wilson Wai-Shun				SCICLONE PHARMACEUTICALS INC SCLN									Director 10% Owner				
(Last)	(First) (N	Aiddle)		3. I	Date	of Earl	iest Trans	actio	n (MM	/DD/Y	ΥY	XOfficer (give title below)Other (specify below) CFO & Senior VP, Finance					
950 TOWER LA	NE, SUITE	900						5/20									
	(Street)			4. I	f An	nendme	ent, Date (Origii	nal Fi	led (M	M/D	D/YYYY)	6. Individual	or Joint/G	roup Filing	(Check Appl	licable Line)
FOSTER CITY, (City)		Cip)											X Form filed by	oy One Repo More than O	orting Person One Reporting P	'erson	
		Table	I - Non	-Der	ivati	ive Sec	urities Ac	quir	ed, D	isposo	d o	of, or Be	neficially Own	ed			
1.Title of Security (Instr. 3) 2. Trans. I				1	2A. D Execu Date,	tion	3. Trans. Co (Instr. 8)	4. Securities Acquir or Disposed of (D) (Instr. 3, 4 and 5)) `´	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)			Form:	Beneficial	
							Code	V	Amou	nt (A)		Price					Ownership (Instr. 4)
Common Stock 8/15/2017				17			M		30000) A	L	\$0	31872			D	
Common Stock			8/15/201	17			F (1)		14714	I)	\$11.05		17158		D	
	Table II - Dei	rivative	Securi	ties E	Bene	ficially	Owned (e.g.	, puts	, calls	, w	arrants	, options, conve	ertible sec	curities)		
1. Title of Derivate Security (Instr. 3) Conver Price o Derivat Securit	rcise f tive	3A. De Execut Date, i			8) Derivati Securitie (A) or D (D)				Date Exercisable and piration Date				Jnderlying Derivative Security Security		9. Number of derivative Securities Beneficially Owned Following Reported	Form of Derivative Security: Direct (D)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
			(Code	V	(A)	(D)	Date Exerc	cisable	Expirat Date	ion	Title	Amount or Number of Shares		Transaction(s)	or Indirect (I) (Instr. 4)	
Restricted Stock Unit (2)	8/15/2017			М			30000		<u>(4)</u>	<u>(4)</u>		Common Stock	30000	\$0	127000	D	

Explanation of Responses:

- (1) Shares disposed represent shares withheld to cover withholding tax obligations in connection with the vesting of Restricted Stock Units.
- (2) Granted under the Issuer's 2015 Equity Incentive Plan.
- (3) Each restricted stock unit represents the right to receive, at settlement, one share of common stock.
- (4) Each RSU will vest and be settled on August 15, 2017, subject to the reporting person's continued employment, but will terminate upon the occurrence of a change in control on or before March 31, 2017.

Reporting Owners

_ 1									
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

**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.