

GILEAD SCIENCES INC  
 Form 3  
 May 15, 2007

**FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION**  
**Washington, D.C. 20549**

OMB APPROVAL

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**INITIAL STATEMENT OF 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

(Print or Type Responses)

1. Name and Address of Reporting Person *		2. Date of Event Requiring Statement	3. Issuer Name <b>and</b> Ticker or Trading Symbol	
Â Metza Kristen		(Month/Day/Year)	GILEAD SCIENCES INC [GILD]	
(Last)	(First)	(Middle)	4. Relationship of Reporting Person(s) to Issuer	5. If Amendment, Date Original Filed(Month/Day/Year)
333 LAKESIDE DRIVE		05/08/2007		
(Street)			(Check all applicable)	
FOSTER CITY, Â CA Â 94404			<input type="checkbox"/> Director	<input type="checkbox"/> 10% Owner
(City)	(State)	(Zip)	<input checked="" type="checkbox"/> Officer	<input type="checkbox"/> Other
			(give title below) (specify below)	
			VP, Human Resources	
			6. Individual or Joint/Group Filing(Check Applicable Line)	
			<input checked="" type="checkbox"/> Form filed by One Reporting Person	
			<input type="checkbox"/> Form filed by More than One Reporting Person	

**Table I - Non-Derivative Securities Beneficially Owned**

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
Common Stock	411	D	Â

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly. SEC 1473 (7-02)

**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.**

**Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)**

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)	3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)	4. Conversion or Exercise Price of Derivative Security	5. Ownership Form of Derivative Security: Direct (D) or Indirect	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date	Title	Amount or Number of	

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				Shares		(I) (Instr. 5)	
Non-qualified stock option (right to buy)	Â (1)	05/09/2016	Common Stock	50,000	\$ 56.52	D	Â
Non-qualified stock option (right to buy)	Â (2)	07/26/2016	Common Stock	20,000	\$ 61.89	D	Â
Non-qualified stock option (right to buy)	Â (3)	10/24/2016	Common Stock	20,000	\$ 69.38	D	Â
Non-qualified stock option (right to buy)	Â (4)	01/22/2017	Common Stock	20,000	\$ 65.58	D	Â

## Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
Metza Kristen 333 LAKESIDE DRIVE FOSTER CITY, CA 94404	Â	Â	Â VP, Human Resources	Â

## Signatures

/s/ John F. Milligan by Power of Attorney for Kristen Metza 05/14/2007

\_\_Signature of Reporting Person

Date

## Explanation of Responses:

\* If the form is filed by more than one reporting person, see Instruction 5(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) The option vested 20% on 5/9/2007, the first anniversary date of the grant, with the balance vesting quarterly over the next four years.

(2) The option will vest 20% on 7/26/2007, the first anniversary date of the grant, with the balance vesting quarterly over the next four years.

(3) The option will vest 20% on 10/24/2007, the first anniversary date of the grant, with the balance vesting quarterly over the next four years.

(4) The option will vest 20% on 1/22/2008, the first anniversary date of the grant, with the balance vesting quarterly over the next four years.

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.