

Wolff Henry Ward
Form 4
March 04, 2013

FORM 4

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

OMB APPROVAL

OMB Number: 3235-0287
Expires: January 31, 2005
Estimated average burden hours per response... 0.5

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

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(h) of the Investment Company Act of 1940

(Print or Type Responses)

1. Name and Address of Reporting Person *
Wolff Henry Ward

(Last) (First) (Middle)

C/O MAP PHARMACEUTICALS,
INC., 2400 BAYSHORE
PARKWAY, SUITE 200

2. Issuer Name and Ticker or Trading Symbol
MAP Pharmaceuticals, Inc. [MAPP]

5. Relationship of Reporting Person(s) to Issuer

(Check all applicable)

(Street)

MOUNTAIN VIEW, CA 94043

(City) (State) (Zip)

3. Date of Earliest Transaction
(Month/Day/Year)
03/01/2013

Director 10% Owner
 Officer (give title below) Other (specify below)

4. If Amendment, Date Original Filed(Month/Day/Year)

6. Individual or Joint/Group Filing(Check Applicable Line)
 Form filed by One Reporting Person
 Form filed by More than One Reporting Person

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)	4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Ownership (Instr. 4)		
				(A) or (D)	Code	V	Amount	(D)	Price

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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.

SEC 1474 (9-02)

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative	2. Conversion	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if	4. Transaction	5. Number of Derivative	6. Date Exercisable and Expiration Date	7. Title and Amount of Underlying Securities	8.
------------------------	---------------	--------------------------------------	-------------------------------	----------------	-------------------------	---	--	----

Edgar Filing: Wolff Henry Ward - Form 4

Security (Instr. 3)	or Exercise Price of Derivative Security	any (Month/Day/Year)	Code (Instr. 8)	Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	(Month/Day/Year)	(Instr. 3 and 4)				
			Code	V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Stock Option (Right to Buy)	\$ 12.74	03/01/2013	D ⁽¹⁾		30,000		<u>(1)</u>	03/20/2018	Common Stock	30,000
Stock Option (Right to Buy)	\$ 3.18	03/01/2013	D ⁽²⁾		7,500		<u>(2)</u>	05/20/2019	Common Stock	7,500
Stock Option (Right to Buy)	\$ 14.77	03/01/2013	D ⁽³⁾		7,500		<u>(3)</u>	05/19/2020	Common Stock	7,500
Stock Option (Right to Buy)	\$ 16.47	03/01/2013	D ⁽⁴⁾		7,500		<u>(4)</u>	05/18/2021	Common Stock	7,500
Stock Option (Right to Buy)	\$ 11.69	03/01/2013	D ⁽⁵⁾		10,000		<u>(5)</u>	05/16/2022	Common Stock	10,000

Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
Wolff Henry Ward C/O MAP PHARMACEUTICALS, INC. 2400 BAYSHORE PARKWAY, SUITE 200 MOUNTAIN VIEW, CA 94043	X			

Signatures

/s/ Henry Ward
Wolff

03/04/2013

**Signature of Reporting Person

Date

Explanation of Responses:

* 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).

Pursuant to the terms described in the Offer to Purchase for Cash filed with the Securities and Exchange Commission on January 31, 2013 and the Agreement and Plan of Merger, dated as of January 22, 2013, by and among Allergan, Inc., Groundhog Acquisition, Inc. and MAP Pharmaceuticals, Inc. (the "Issuer"), these options to purchase shares of common stock of the Issuer (the "Common Stock"), which became fully vested on March 1, 2013 (the "Effective Time"), were canceled at the Effective Time in exchange for a cash payment of \$367,800.00, representing the number of shares of the Common Stock underlying such options multiplied by \$25.00, less the aggregate price of the options as exercised.

(1) These options to purchase shares of the Common Stock, which became fully vested at the Effective Time, were canceled at the Effective Time in exchange for a cash payment of \$163,650.00, representing the number of shares of the Common Stock underlying such options multiplied by \$25.00, less the aggregate price of the options as exercised.

(2) These options to purchase shares of the Common Stock, which became fully vested at the Effective Time, were canceled at the Effective Time in exchange for a cash payment of \$76,725.00, representing the number of shares of the Common Stock underlying such options multiplied by \$25.00, less the aggregate price of the options as exercised.

(3) These options to purchase shares of the Common Stock, which became fully vested at the Effective Time, were canceled at the Effective Time in exchange for a cash payment of \$63,975.00, representing the number of shares of the Common Stock underlying such options multiplied by \$25.00, less the aggregate price of the options as exercised.

(4) These options to purchase shares of the Common Stock, which became fully vested at the Effective Time, were canceled at the Effective Time in exchange for a cash payment of \$133,100.00, representing the number of shares of the Common Stock underlying such options multiplied by \$25.00, less the aggregate price of the options as exercised.

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.