Ardea Biosciences, Inc./DE Form 4 March 07, 2012

## FORM 4

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

**SECURITIES** 

OMB APPROVAL

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

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

1(b).

Common

Stock

03/06/2012

(Print or Type Responses)

1. Name and Address of Reporting Person * DAVIS STEPHEN			Symbol		Ticker or Trading	5. Relationship of Reporting Person(s) to Issuer			
		Ardea B	Bioscience	s, Inc./DE [RDEA]	(Check all applicable)				
(Last) (First) (Middle)			3. Date of	Earliest Tr	ansaction				
			(Month/D	ay/Year)		Director	10%	Owner	
4939 DIREC		03/06/20	012		X Officer (give title Other (specify below)				
					EVP & COO				
(Street)			4. If Ame	ndment, Da	te Original	6. Individual or Joint/Group Filing(Check			
			Filed(Mon	nth/Day/Year	)	Applicable Line) _X_ Form filed by 0	One Reporting Pe	rson	
SAN DIEGO	O, CA 92121					Form filed by M Person	More than One Re	porting	
(City)	(State)	(Zip)	Tabl	e I - Non-D	erivative Securities Acq	quired, Disposed of	f, or Beneficial	ly Owned	
1.Title of	2. Transaction Dat	te 2A. Deer	ned	3.	4. Securities Acquired	5. Amount of	6. Ownership	7. Nature of	
Security (Month/Day/Year) Execution		n Date, if	Transactio	on(A) or Disposed of (D)	Securities	Form: Direct	Indirect		
(Instr. 3)		any		Code	(Instr. 3, 4 and 5)	Beneficially	(D) or	Beneficial	
		(Month/I	Day/Year)	(Instr. 8)		Owned	Indirect (I)	Ownership	
						Following	(Instr. 4)	(Instr. 4)	
					(A)	Reported			
					or	Transaction(s)			
				Code V	Amount (D) Price	(Instr. 3 and 4)			

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

Code

 $F_{\underline{(1)}}$ 

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)

D

15,791

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

Amount

213

(D)

D

Price

20.33

#### Edgar Filing: Ardea Biosciences, Inc./DE - Form 4

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exerc	cisable and	7. Titl	e and	8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transacti	onNumber	Expiration D	ate	Amou	nt of	Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Under	lying	Security	Secui
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Securi	ities	(Instr. 5)	Bene
	Derivative				Securities			(Instr.	3 and 4)		Owne
	Security				Acquired						Follo
	·				(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
					(Instr. 3,						`
					4, and 5)						
									Amount		
						Date	Expiration		or		
						Exercisable	Date		Number		
						Lacroisdoic	Dute		of		
				Code V	(A) (D)				Shares		

## **Reporting Owners**

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

DAVIS STEPHEN 4939 DIRECTORS PLACE SAN DIEGO, CA 92121

EVP & COO

#### **Signatures**

/s/ Stephen
Davis
03/07/2012

\*\*Signature of Date Reporting Person

#### **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).
- (1) Represents vested shares of restricted stock that were withheld by the Issuer to satisfy the tax liability associated with the 521 shares that vested on March 6, 2012.

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. 1) Withheld to cover for tax purposes as per terms of Omnibus Incentive Plan.

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.

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