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LAFODCE LAMES

Form 4	JAMES										
May 14, 200)9										
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION							OMB APPROVAL				
Check this box				ECURITIES AND EXCHANGE Co Washington, D.C. 20549				OMMISSION	OMB Number:	3235-0287	
if no lon			DENIER				Expires:	January 31 2005			
subject t Section Form 4 o Form 5	F CHANGES IN BENEFICIAL OWN SECURITIES						Estimated a burden hour response	verage			
obligatic may con <i>See</i> Instr 1(b).	tinue. Section 1	7(a) of the	Public U		ding Cor	npan	y Act of	e Act of 1934, 1935 or Sectior 0	1		
(Print or Type	Responses)										
1. Name and Address of Reporting Person <u>*</u> LAFORCE JAMES			2. Issuer Name and Ticker or Trading Symbol ARENA PHARMACEUTICALS INC [ARNA]					5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
(Least)				-				X Director 10% Owner			
			3. Date of Earliest Transaction (Month/Day/Year)					Officer (give title Other (specify			
	'A CEUTICALS, II IDGE DRIVE	NC., 6166	05/14/2	-				below)	below)		
			nendment, Date Original fonth/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person				
SAN DIEG	O, CA 92121							Form filed by M Person			
(City)	(State)	(Zip)	Tabl	le I - Non-I	Derivative	Secu	rities Acqu	uired, Disposed of	, or Beneficiall	y Owned	
1.Title of Security (Instr. 3)2. Transaction Date (Month/Day/Year)2A. Dee Execution any (Month/Day/Year)			3. Transactic Code (Instr. 8)	Transaction(A) or Disposed of (D) Code (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
				Code V	Amount	or (D)	Price	(Instr. 3 and 4)			
Common Stock	05/14/2009			Р	3,300	A	\$ 2.7395	13,300	D		
Common Stock	05/14/2009			Р	200	А	\$ 2.74	13,500	D		

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.

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 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	4. Transacti Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Amou Under Secur	rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu: Bene Own Follo Repo Trans (Instr
			Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address		Relationships						
FF	Director	10% Owner	Officer	Other				
LAFORCE JAMES C/O ARENA PHARMACEUTICALS, INC 6166 NANCY RIDGE DRIVE SAN DIEGO, CA 92121	· X							
Signatures								
Adam S. Chinnock, as Attorney-in-Fact	05/14/2009)						
**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).

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.