Common Stock

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL

OMB Number: 3235-0287 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).

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

				(Month/Day/Year)	8) Code	v	Amount	(A) or (D)	Price	Reported Transaction(s) (Instr. 3 and 4)	(I) (Instr. 4)	Ownership (Instr. 4)	
1. Title of Security	(Instr. 3)		2. Transaction Date (Month/Day/Year	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transa Code (4. Securities A Disposed Of (I			5. Amount of Securities Beneficially Owned Following	6. Ownership Form: Direct (D) or Indirect	7. Nature of Indirect Beneficial	
		Table I - No	on-Derivative	Securities Acc	quired	, Dis	posed of,	or Ber	eficially	Owned			
(City) (State) (Zip)										Form filed by Mor Person	re than One Rep	oorting	
(Street) CARLSBAD CA 92008		4. If	Amendment, Date o	f Origina	al File	d (Month/Day/\	/ear)	6. Indi Line)	vidual or Joint/Group Form filed by One	• •			
(Last) 2292 FARADAY	(First) Y AVENUE		pate of Earliest Trans 02/2004	action (I	Month	/Day/Year)		X	Officer (give title below) Chairman, P	Other below resident, CEC	,		
1. Name and Address CROOKE ST			ssuer Name and Tick IS PHARMAC					S. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner					
			or	Section 30(h) of the Í	nvestme	ent Co	mpany Act of 1	1940					

 $M^{(1)}$

S⁽²⁾

 $M^{(1)}$

S⁽²⁾

 $\mathbf{M}^{(1)}$

s⁽²⁾

12,304(1)

12,304(2)

7,000(1)

7,000(2)

4,000(1)

4,000(2)

\$4

\$5.4527

\$4

\$6.317

\$4

\$5.7259

D

A

D

A

D

934,545

922,241

929,241

922,241

926,241

922,241

1,050

D

D

D

D

D

D

Ι

By Wife

12/02/2004

12/02/2004

12/03/2004

12/03/2004

12/06/2004

12/06/2004

12/02/2004

12/02/2004

12/03/2004

12/03/2004

12/06/2004

12/06/2004

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

	(c.g., puts, cans, 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)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transa Code (8)		ion of		6. Date Exerc Expiration D (Month/Day/\)	ate	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				
Employee Stock Option (right to buy)	\$4	12/02/2004	12/02/2004	М			7,051	01/01/2000	12/31/2004	Common Stock	7,051	\$0	0	D	
Employee Stock Option (right to buy)	\$4	12/02/2004	12/02/2004	М			5,253	01/01/2000	12/31/2004	Common Stock	5,253	\$0	19,747	D	
Employee Stock Option (right to buy)	\$4	12/03/2004	12/03/2004	М			7,000	01/01/2000	12/31/2004	Common Stock	7,000	\$0	12,747	D	
Employee Stock Option (right to	\$4	12/06/2004	12/06/2004	М			4,000	01/01/2000	12/31/2004	Common Stock	4,000	\$0	8,747	D	

Explanation of Responses:

- 1. Acquired as a result of exercising a stock option that was scheduled to expire on 12-31-04.
- 2. The sale reported in this Form 4 was effected pursuant to a Rule 10b5-1 trading plan adopted by the reporting person on 9-30-04.

Remarks:

Stanley T. Crooke

12/06/2004

** Signature of Reporting Person

Date

- * 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 Number.