

LaBarre Michael J.
 Form 3
 December 13, 2010

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

OMB APPROVAL

OMB Number: 3235-0104
 Expires: January 31, 2005
 Estimated average burden hours per response... 0.5

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 and Ticker or Trading Symbol	
Â LaBarre Michael J.		(Month/Day/Year)	HALOZYME THERAPEUTICS INC [HALO]	
(Last)	(First)	(Middle)	12/02/2010	
11388 SORRENTO VALLEY ROAD			4. Relationship of Reporting Person(s) to Issuer	5. If Amendment, Date Original Filed(Month/Day/Year)
(Street)			(Check all applicable)	
SAN DIEGO,Â CAÂ 92121			<input type="checkbox"/> Director <input type="checkbox"/> 10% Owner	6. Individual or Joint/Group Filing(Check Applicable Line)
(City)	(State)	(Zip)	<input checked="" type="checkbox"/> Officer <input type="checkbox"/> Other	<input checked="" type="checkbox"/> Form filed by One Reporting Person
			(give title below) (specify below)	<input type="checkbox"/> Form filed by More than One Reporting Person
			VP, Product Development	

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)
---------------------------------	-------------------------------------------------------	----------------------------------------------------------	-------------------------------------------------------

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 (I)	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	

(Instr. 5)

Option to Purchase Common Stock (ISO)	02/04/2011 ⁽¹⁾	02/04/2020	Common Stock	9,845	\$ 5.55	D	Â
Option to Purchase Common Stock (ISO)	02/05/2010 ⁽¹⁾	02/05/2019	Common Stock	2,430	\$ 6.1	D	Â
Option to Purchase Common Stock (ISO)	08/07/2009 ⁽¹⁾	08/07/2018	Common Stock	54,752	\$ 7.1	D	Â
Option to Purchase Common Stock (NSO)	02/04/2011 ⁽¹⁾	02/04/2020	Common Stock	23,905	\$ 5.55	D	Â
Option to Purchase Common Stock (NSO)	02/05/2010 ⁽¹⁾	02/05/2019	Common Stock	11,633	\$ 6.1	D	Â
Option to Purchase Common Stock (NSO)	08/07/2009 ⁽¹⁾	08/07/2018	Common Stock	20,248	\$ 7.1	D	Â

Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
LaBarre Michael J. 11388 SORRENTO VALLEY ROAD SAN DIEGO, CA 92121	Â	Â	Â VP, Product Development	Â

Signatures

By: Kurt A. Gustafson, Attorney-in-fact For: Michael J.
LaBarre

12/13/2010

**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) One-fourth of option grant vests on such date and then 1/48 vests monthly thereafter.

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.