SEC	Form 4	
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FORM 4

Washington, D.C. 20549

OWNERCLUR

OMB APPROVAL

OMB Number:	3235-0287
Estimated average burde	n
hours per response:	0.5

Section obligat	this box if no lo n 16. Form 4 or ions may contii tion 1(b).		STAT		pursuar	nt to Sectio	on 16(	a) of the Sec	urities Excha	nge Act of		nır			0	0.5	
<u>Phillips</u>	s James N				PACI	FIC BI	OS	CIENCES	<u>S OF</u>	Estimated average burden hours per response: 0.5   mbol F G 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner   y 0.5 Officer (give title below) 0.4   y 0.5 Officer (give title below) 0.5   y 0.5 Officer (give title below) 0.5   y 0.5 Officer (give title below) 0.5   wonth/Day/Year) 6. Individual or Joint/Group Filing (Check Applicable Line) X   X Form filed by One Reporting Person Form filed by More than One Reporting Person 7. Nature of Indirect Beneficially Owned Following Reported Transaction(s) (Instr. 4) 7. Nature of Indirect Beneficial Ownership (Instr. 4)   Amount of Securities Derivative Securities) 5. Amount of Securities Beneficial Owner Following Reported Transaction(s) (Instr. 4) 6. Ownership Form: Direct (I) (Instr. 4) 7. Nature of Indirect Beneficial Ownership (Instr. 4)   sed of, or Beneficially Owned Onvertible securities) 8. Price of Derivative Security (Instr. 3 and 4) 9. Number of Beneficial Ownership (Instr. 4) 10. Mount Ownership (Instr. 4)   ie and or file 7. Title and Amount of Securities Derivative Security (Instr. 3) 8. Price of Derivative Securities Derivative Securities Derivative Securities 9. Number of Beneficial Ownership (Instr. 4) 10. Ownership (Instr.							
	`	<sup>-</sup> irst) NCES OF CALI AD	(Middle) FORNIA, II	3. Date of Earliest Tran 02/18/2014   4. If Amendment, Date   25   I - Non-Derivative Securities A   2. Transaction Date (Month/Day/Year)   2. Transaction Date (Month/Day/Year)   2. Transaction Date (Month/Day/Year)   2. Transaction Date (Month/Day/Year)   2. Transaction Date (Month/Day/Year)   5. Number of Derivative Determed (Month, Case)   5. Number of Derivative Securities		,		av/Year)	6 Ir		1						
(Street) MENLO	PARK C	A	94025			enument,	Duic			y, reary	Line	) X Form fil Form fil	ed by One	e Repo	ting Person		
(City)			(Zip) able I - Nor	1				cquired, D	-	-	-	1	tof	6.0w	nershin 7	Nature of	
Date		Date		Execution Date,		, Transact Code (Ins	on Dispose	l Of (D) (Instr. 3, 4 and		i) Securities Beneficial Owned Fo	Form (D) c		Direct Ir Indirect B str. 4) O	ndirect Beneficial Dwnership			
								Amount		Price		Transaction(s)					
			Table II -	Derivati <sup>.</sup> (e.g., pu	ve Seo ts, ca	curities IIs, warı	Acq rants	uired, Dis s, options	sposed of , converti	, or Ber ble sec	eficially urities)	Owned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security		3A. Deemed Execution Date, if any (Month/Day/Year)	e, Transaction Code (Instr.		Securities Acquired (A) or Disposed of (D) (Instr.		6. Date Exercisable and Expiration Date (Month/Day/Year)		of Secur Underlyi Derivativ	ities ng ve Security	Derivative Security	derivative Securities Beneficially Owned Following Reported		Ownership Form: Direct (D) or Indirect	of Indirect Beneficial Ownership	
				Code	e v	(A)	(D)	Date Exercisable	Expiration Date	Title	or Number						
Stock Option (right to	\$7.05	02/18/2014		A		100,000		03/18/2014 <sup>(1)</sup>	02/18/2024	Commor Stock	100,000	\$0	100,00	00	D		

Explanation of Responses:

buy)

1. The shares subject to the option will vest in equal monthly installments over the next four years, provided that the Reporting Person continues to serve through each vesting date.

Brian Dow, Attorney-in-fact for 02/20/2014 James Michael Phillips

\*\* Signature of Reporting Person Date

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

\* 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.