

Wood Mark
 Form 3
 February 08, 2008

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

OMB APPROVAL

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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 *

Wood Mark
 (Last) (First) (Middle)

C/O BIOMARIN PHARMACEUTICAL INC., 105 DIGITAL DRIVE
 (Street)

NOVATO, CA 94949
 (City) (State) (Zip)

2. Date of Event Requiring Statement

(Month/Day/Year)
 06/07/2007

3. Issuer Name and Ticker or Trading Symbol

BIOMARIN PHARMACEUTICAL INC [BMRN]

4. Relationship of Reporting Person(s) to Issuer

(Check all applicable)

___ Director ___ 10% Owner
 Officer ___ Other
 (give title below) (specify below)
 VP, Human Resources

5. If Amendment, Date Original Filed(Month/Day/Year)

6. Individual or Joint/Group Filing(Check Applicable Line)
 Form filed by One Reporting Person
 ___ Form filed by More than One Reporting Person

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)

6. Nature of Indirect Beneficial Ownership (Instr. 5)

Date Exercisable Expiration Date

Title Amount or Number of

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				Shares		or Indirect (I) (Instr. 5)	
Stock Option (right to buy) <u>(6)</u>	11/03/2004 ⁽¹⁾	05/02/2014	Common Stock	6,255	\$ 6.37	D	Â
Stock Option (right to buy) <u>(6)</u>	07/07/2005 ⁽²⁾	01/06/2015	Common Stock	3,553	\$ 6.13	D	Â
Stock Option (right to buy) <u>(6)</u>	07/06/2006 ⁽³⁾	01/05/2016	Common Stock	16,674	\$ 11.74	D	Â
Stock Option (right to buy) <u>(6)</u>	12/21/2006 ⁽⁴⁾	06/20/2016	Common Stock	15,000	\$ 17.54	D	Â
Stock Option (right to buy) <u>(6)</u>	05/20/2007 ⁽⁵⁾	11/19/2016	Common Stock	40,000	\$ 17.54	D	Â

Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
Wood Mark C/O BIOMARIN PHARMACEUTICAL INC. 105 DIGITAL DRIVE NOVATO, CA 94949	Â	Â	Â VP, Human Resources	Â

Signatures

/s/ G. Eric Davis,
Attorney-in-Fact

02/08/2008

 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) Options vested 6/48ths on 11/3/2004 and 1/48th on the 3rd of each month thereafter.
- (2) Options vested 6/48ths on 7/7/2005 and 1/48th on the 7th of each month thereafter.
- (3) Options vested 6/48ths on 7/6/2006 and 1/48th on the 6th of each month thereafter.
- (4) Options vested 6/48ths on 12/21/2006 and 1/48th on the 21st of each month thereafter.
- (5) Options vested 6/48ths on 5/20/2007 and 1/48th on the 20th of each month thereafter.

Mark Wood became a reporting officer on June 7, 2007. His Form 3 was inadvertently not filed at that time, but all necessary Form 4 filings have been filed since then and the information contained in this Form 3 is subject to further disclosures in the previously filed Forms 4 and all subsequent Section 16 filings.

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.