ARENA PHARMACEUTICALS INC

Form 4

February 04, 2003

obligations may continue.

See Instruction 1(b).

FORM 4

Check this box if no longer subject to Section 16.

Form 4 or Form 5

OMB APPROVAL

OMB Number: 3235-0287 Expires: January 31, 2005 Estimated average burden hours per response. . . 0.5

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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

Filed By Romeo and Dye's Section 16 Filer www.section16.net

Name and Address of Reporting Person* Scotti Louis J.		ame and Tic rmaceutical		Pe	6. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
(Last) (First) (Middle) c/o Arena Pharmaceuticals, Inc. 6166 Nancy Ridge Drive	of Reportin	entification I ag Person, (voluntary)	Number	Moi	tatement for nth/Day/Year 03/03	<u>X</u> O	Director			
							Vice President, Business Development			
(Street) San Diego, CA 92121				Date	5. If Amendment, Date of Original (Month/Day/Year)		7. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person			
(City) (State) (Zip)	Tabl	le I Non-D	erivati	Dispose	posed of, or Beneficially Owned					
1. Title of 2. Trans- 2A. Deemed Security action Execution Date, (Month/ Day/ Year) (Month/Day/ Year)	3. Transaction Code (Instr. 8) Code V	4. Securitie e (A) or Disp (Instr. 3, 4 Amount	(A) or		5. Amount of Securities Beneficially Owned Follow- ing Reported			7. Nature of Indirect Beneficial Ownership (Instr. 4)		
Year)			(D)		Transactions(s) (Instr. 3 & 4)					
Common Stock 02/03/03	S	1,500	D	\$6.50		68,051	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

FORM 4 (continued) Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

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

1. Title of	2. Conver-	3.	3A.	4.	5.	6. Date Exercisable	7. Title and	8. Price of	9. Number of	10.	11. Nature
Derivative	sion or	Trans-	Deemed	Trans-	Number	and Expiration	Amount of	Derivative	Derivative	Owner-	of Indirect
Security	Exercise	action	Execution	action	of	Date	Underlying	Security	Securities	ship	Beneficial
	Price of	Date	Date,	Code	Derivati	ØMonth/Day/	Securities	(Instr. 5)	Beneficially	Form	Ownership
(Instr. 3)	Derivative		if any		Securition	¥ ear)	(Instr. 3 & 4)		Owned	of Deriv-	(Instr. 4)
	Security	(Month/	(Month/	(Instr.	Acquire	d			Following	ative	
		Day/	Day/	8)	(A) or				Reported	Security:	
J	1			1		<u> </u>	<u> </u>				Į.

^{*} If the form is filed by more than one reporting person, see Instruction 4(b)(v).

Edgar Filing: ARENA PHARMACEUTICALS INC - Form 4

	Year)	Year)			Dispof (Instant) (Instant) 3, 4 5)	D) tr.	d				,	Direct (D) or Indirect (I) (Instr. 4)	
			Code	V	(A)		Exer-cisable			Amount or Number of Shares			

Explanation of Responses:

By: /s/ Louis J. Scotti

<u>02/03/03</u> Date

**Signature of Reporting Person

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.

^{**}Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).