

HENWOOD GERALDINE  
Form 3  
October 04, 2007

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

OMB APPROVAL

OMB Number: 3235-0104  
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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 * HENWOOD GERALDINE (Last) (First) (Middle)	2. Date of Event Requiring Statement (Month/Day/Year) 10/04/2007	3. Issuer Name and Ticker or Trading Symbol MAP Pharmaceuticals, Inc. [MAPP]	4. Relationship of Reporting Person(s) to Issuer  (Check all applicable)  <input checked="" type="checkbox"/> Director <input type="checkbox"/> 10% Owner <input type="checkbox"/> Officer <input type="checkbox"/> Other (give title below)    (specify below)	5. If Amendment, Date Original Filed(Month/Day/Year)
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C/O MAP  
PHARMACEUTICALS,  
INC., 2400 BAYSHORE  
PARKWAY, SUITE 200  
  
(Street)

MOUNTAIN  
VIEW, CA 94043  
  
(City) (State) (Zip)

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)
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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	5. Ownership Form of Derivative Security:	6. Nature of Indirect Beneficial Ownership (Instr. 5)
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	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	Security	Direct (D) or Indirect (I) (Instr. 5)	
Stock Option (Right to Buy)	Â (1)	05/09/2015	Common Stock	17,877	\$ 0.64	D	Â
Stock Option (Right to Buy)	Â (2)	11/30/2016	Common Stock	17,877	\$ 0.74	D	Â

## Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
HENWOOD GERALDINE C/O MAP PHARMACEUTICALS, INC., 2400 BAYSHORE PARKWAY, SUITE 200 MOUNTAIN VIEW,Â CAÂ 94043	Â X	Â	Â	Â

## Signatures

/s/ Gerri A.  
Henwood

10/04/2007

\_\_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) The option is exercisable as it vests: 25% of the total number of option shares granted vests and becomes exercisable on the first anniversary from the vesting commencement date, which is April 16, 2004. Thereafter, the remaining 75% of the total number of option shares vests and becomes exercisable in equal installments cumulatively each month over 36 months, so that the entire number of option shares becomes fully vested and exercisable on the fourth anniversary from the vesting commencement date.

(2) The option is exercisable as it vests: 25% of the total number of option shares granted vests and becomes exercisable on the first anniversary from the vesting commencement date, which is December 1, 2006. Thereafter, the remaining 75% of the total number of option shares vests and becomes exercisable in equal installments cumulatively each month over 36 months, so that the entire number of option shares becomes fully vested and exercisable on the fourth anniversary from the vesting commencement date.

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.